



香港中國婦女會

The Hong Kong Chinese Women's Club



安老服務2021年度報告

ELDERLY SERVICES ANNUAL REPORT 2021

攜手同行 風雨同舟

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序

Foreword

2021，新冠肺炎疫情第二年。

過去一年，各同事均積極不懈。為了保持連繫院友與家人，有化身為外賣速遞，每天將家人送來的個人特類食品，儘快送交個別院友享用，讓長者及家人的情緒得以舒展；亦有化身為穿梭機，安排得滿滿的視像和實體探訪時間表，運送院友到適當地點和家人見面，甚至臥床院友亦有特別安排，讓家人一見，得著安慰；而「安寧在院舍」計劃的護士亦充當了橋樑，協助傳遞長者訊息給家屬。

包括來自樂齡及康復創科應用基金、香港賽馬會慈善信托基金等，批撥了資源予院舍及長者日間中心，資助各項抗疫行動，包括噴灑抗病毒塗層、測量室內空氣質素，購買空氣淨化機及數碼探訪設備，除在環境上提供安全保障，亦提供額外資源讓單位聘請限時員工，以協助使用數碼產品及制作 YouTube 視頻「防疫速遞」供長者網上訂閱，為困在家的長者及照顧者開了一條連繫外界的渠道。這些額外資源亦讓各專業治療師在各所屬範疇內，添置了各式高科技產品應用在各院友的個人照顧計劃中，或攜同到社區的到戶服務，讓長者享受歡愉又獲得訓練，身心社靈皆有裨益。

在疫情反覆下，本年度我們仍有提供實習機會給需要在本地實習的英國職業治療系學士學生，本地大學的表達藝術治療系的碩士生等，在遵守了嚴格的院舍防疫措施下，同學們最終成功完成實習時數，我們也再一次完成了為安老服務培育人才的使命。

疫情下的第二年真的不容易！機構幸得各同事保持積極樂觀的態度，敬業樂業的精神，各人緊守崗位，互相支援，配合檢測，接種疫苗，無鬆懈地遵守各項防疫措施，在各類限制下仍開創及開展新服務，展現了我們的專業精神！

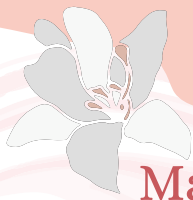
2021, the second year of the COVID-19 epidemic.

In the past year, our colleagues had been active and unremitting. In order to maintain the connection between the residents and their families, our staff would transform themselves into “take-out couriers” to deliver personal, home-made food prepared by family members to individual residents as soon as possible in order to release their separation anxiety due to suspension of outside visitations to residential homes. Some staff might turn into “shuttles”, transporting residents to appropriate places to meet with their families online according to the full schedule of video and physical visits. Even bed-ridden residents had special arrangements for being seen by family members who felt comforted by a short meeting. The nurse of the End-of-Life project also acted as a bridge to transmit messages of the elderly to their families.

Additional resources were allotted to our service units to help fight against the virus : anti-pandemic spray, air quality assessment, procurement of air purifiers and other digital equipment, as well as extra funding to create time-limited posts to assist in the use of digital products. In order to outreach to home-bound elderly we created a YouTube channel, the "Pandemic Prevention Express Channel" and produced numerous programs by our professional therapists for elders and their caregivers to watch and learn at home. The programs covered numerous topics of health education, art and leisure appreciation as well as learning courses in order to nourish their body, mind, and spirit during the lockdown period.

Under strict infection control measures and practices, we managed to render placement and learning opportunities to Hong Kong students from a British University's Bachelor of Occupational Therapy Department as well as students from Master of Expressive Art Therapy from a local university in 2020-2021, once again fulfilling our mission of nurturing professionals for our elderly services.

The second year of the epidemic was really not easy! We were fortunate to have a group of devoted staff who maintained a positive and optimistic attitude and a dedicated spirit. Everyone was steadfast in their role and position while supporting each other. All staff were unwaveringly respecting the infection control requirements, cooperating with the compulsory testing, and responding positively to the vaccination program. Hence, under this pandemic, we were able to achieve a zero-infection record, and at the same time to continue to pioneer some projects for new service development!



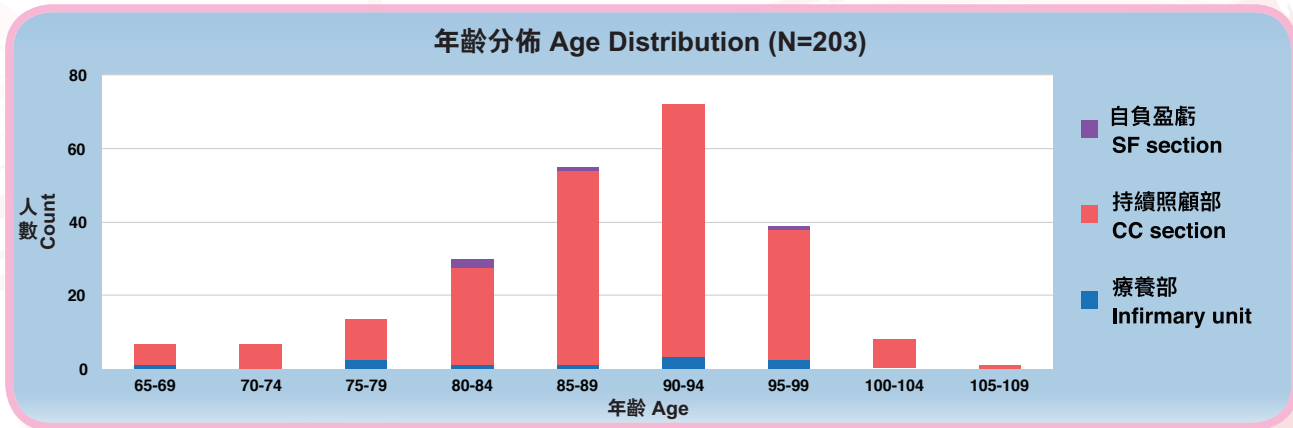
黃陳淑英紀念護理安老院



Madam Wong Chan Sook Ying Memorial Care & Attention Home for the Aged

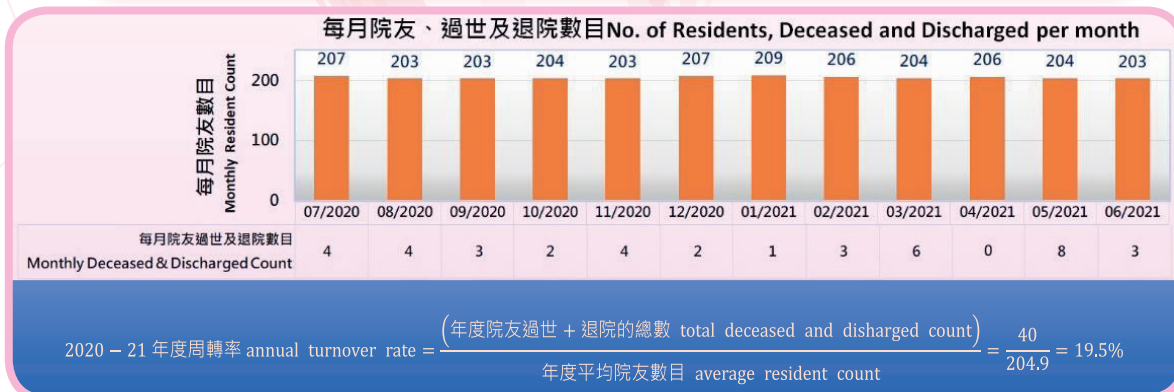
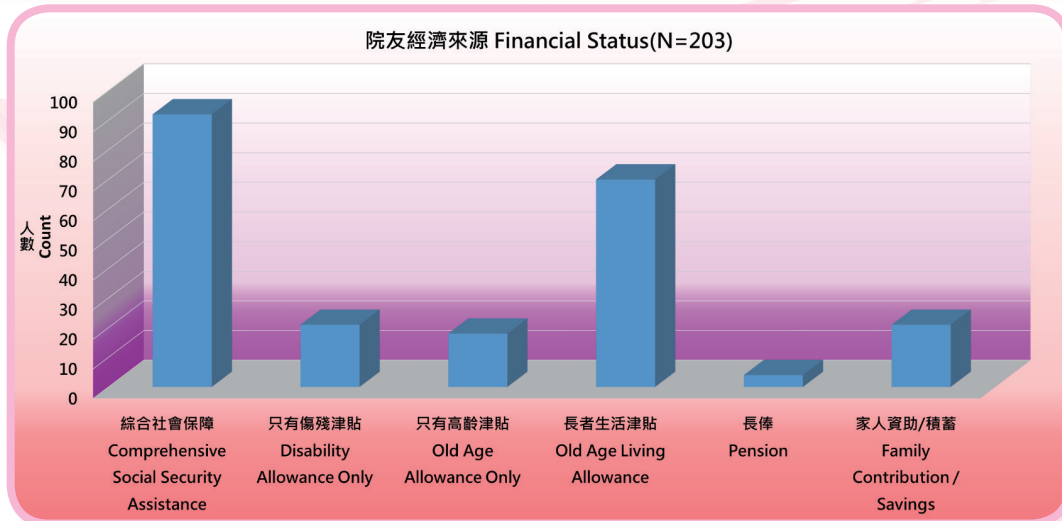
安老院院友資料統計 (截至2021年6月30日) Statistics of Elderly Residents as of 30 Jun 2021

* 不包括緊急宿位院友及日間護理中心會員
excluding emergency placement and day care centres

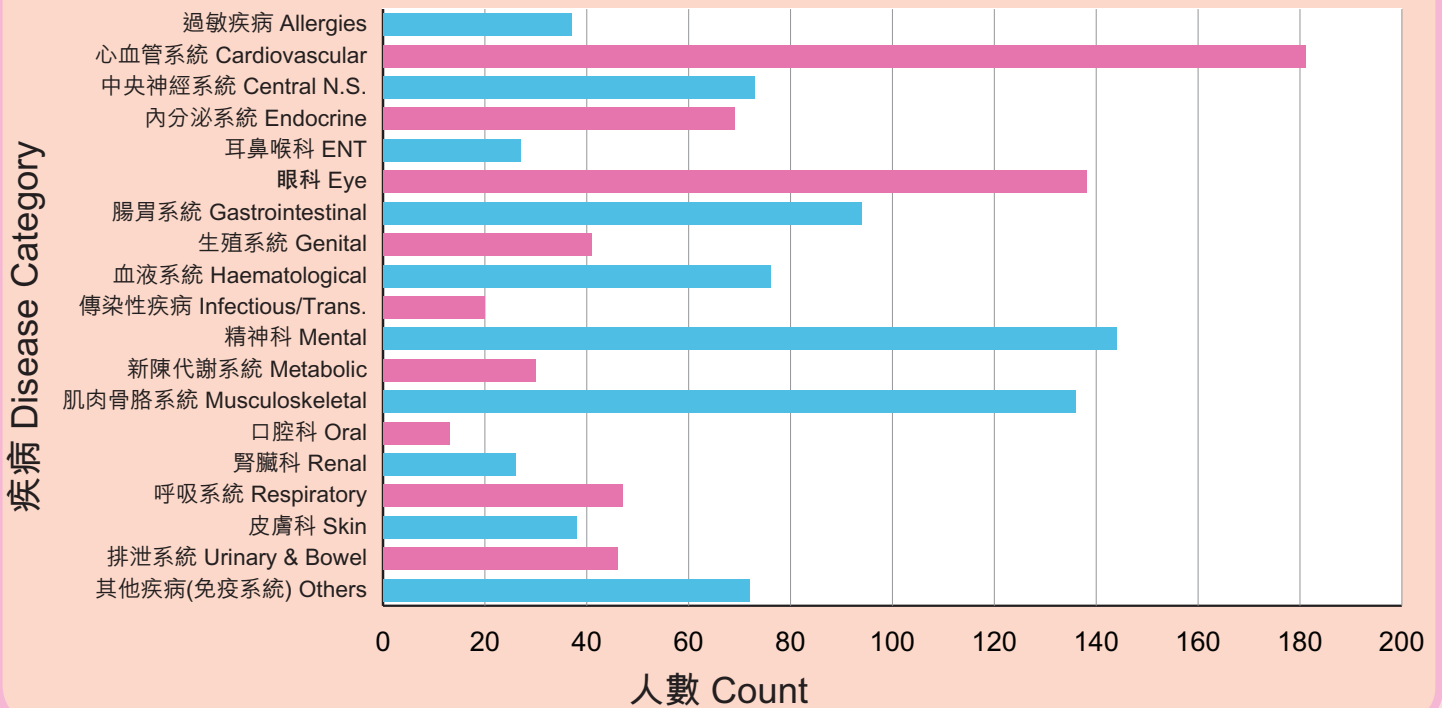


年齡及入住年期統計數字—分部計 Age And Year of Residency Statistics (N=203)

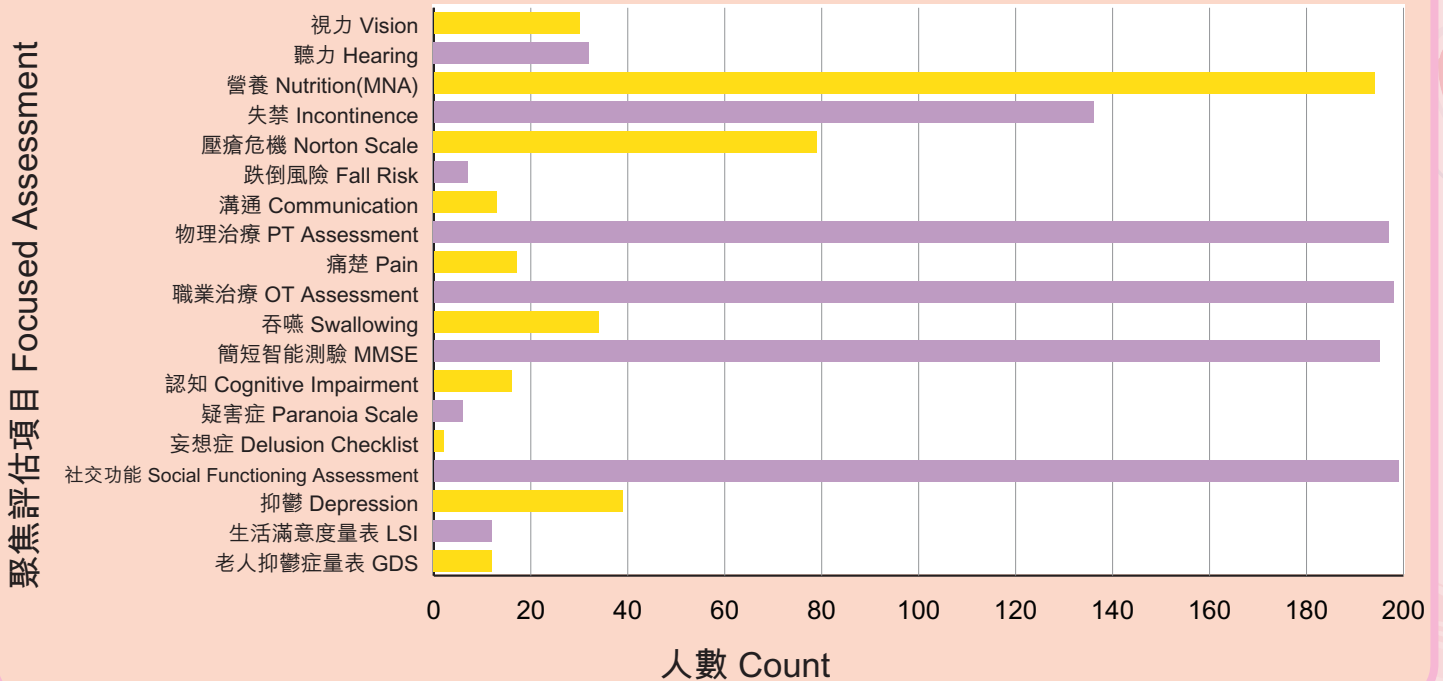
	平均年齡 Average age			最年長 Oldest age		最年輕 Youngest age		平均入住年期 Average year of	
	合計 Population	男 Male	女 Female	男 Male	女 Female	男 Male	女 Female	男 Male	女 Female
療養部 Infirmary unit	87.1	86.5	87.3	94	99	79	69	4.2	2.5
持續照顧部 CC section	88.6	85.1	89.3	98	105	68	66	4.9	4.8
自負盈虧 SF section	86.8	不適用(n/a)	86.8	不適用(n/a)	95	不適用(n/a)	81	不適用(n/a)	1.3



院友現接受治療之疾病種類 Categories of Disease Receiving Treatment (N=203)



院友接受聚焦評估 Focused Assessments Completed(N=203)



社會服務：社交康樂活動

Social Services : Social Recreation Activities



贈送口罩感謝禮
100,000 Face Masks Donation Ceremony



生日會
Birthday Celebration



院友聯會就職典禮
2021 Residents Council Inauguration



聖誕聯歡會
Christmas Party



中秋晚會
Mid-Autumn Festival



院慶
35th Home Anniversary



團年飯
Union Dinner



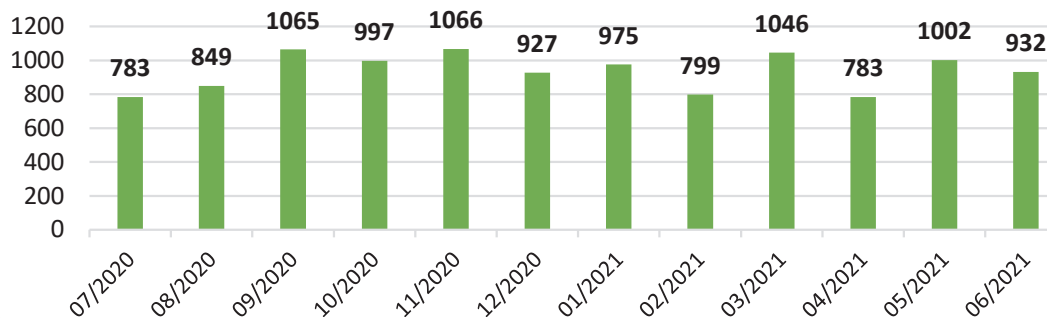
新春團拜
Lunar New Year celebration

社會服務：活動及服務統計

Social Services: Programs and Services Statistics

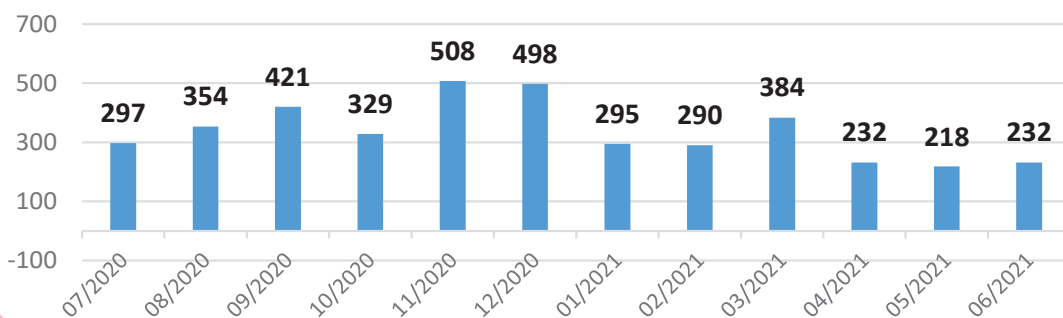
物理治療服務 Physiotherapy Services

院友接受物理治療服務 (人次)
Attendance of Residents receiving PT services



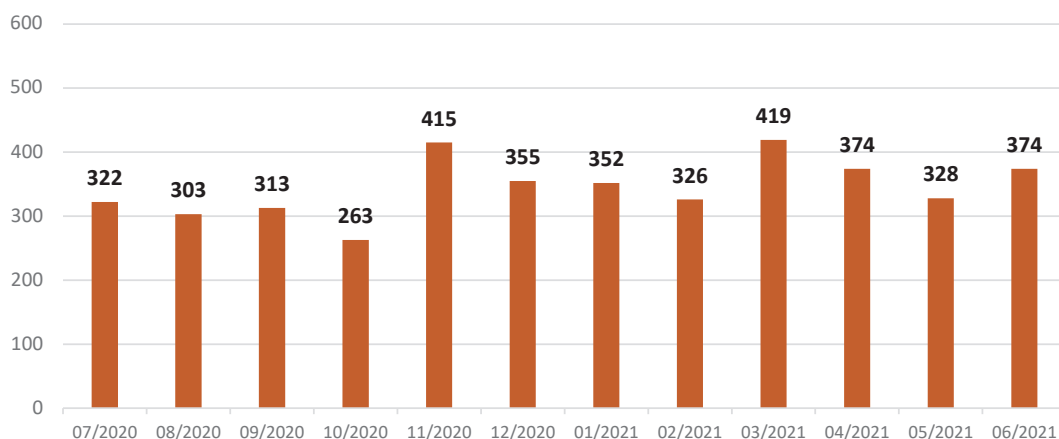
職業治療服務 Occupational Therapy Services

院友接受職業治療服務 (人次)
Attendance of Residents receiving OT services

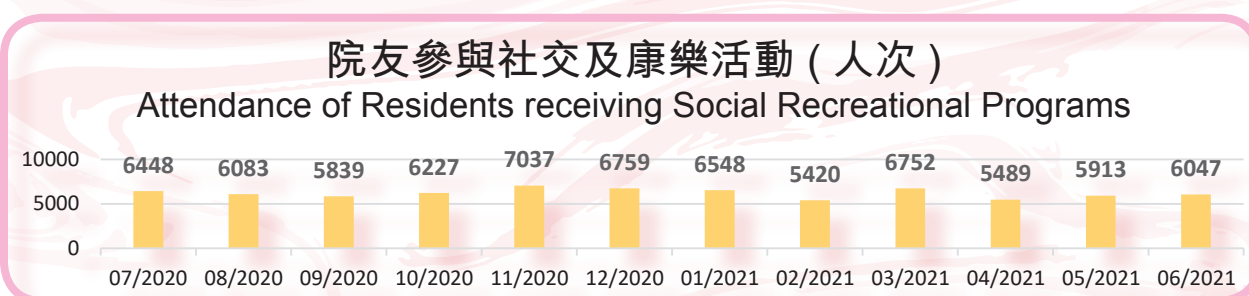


創意藝術服務 Creative Arts Services

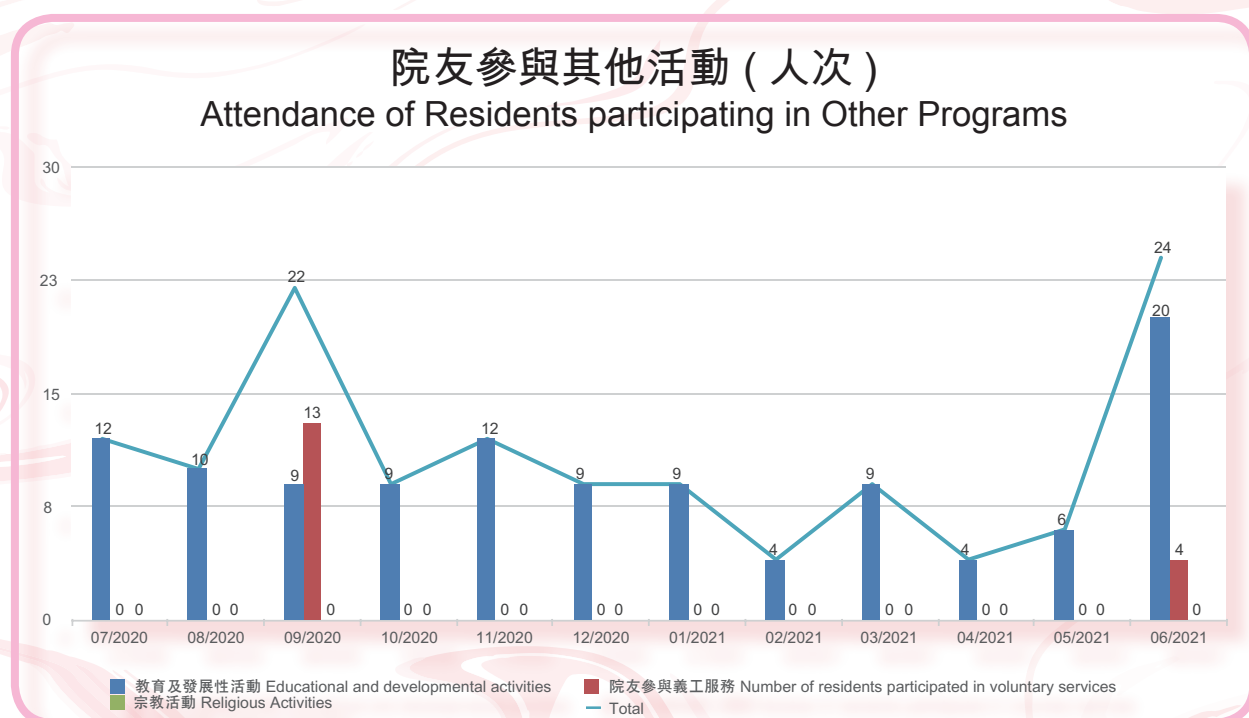
院友參與創意藝術服務 (人次)
Attendance of Residents receiving Creative Arts Services



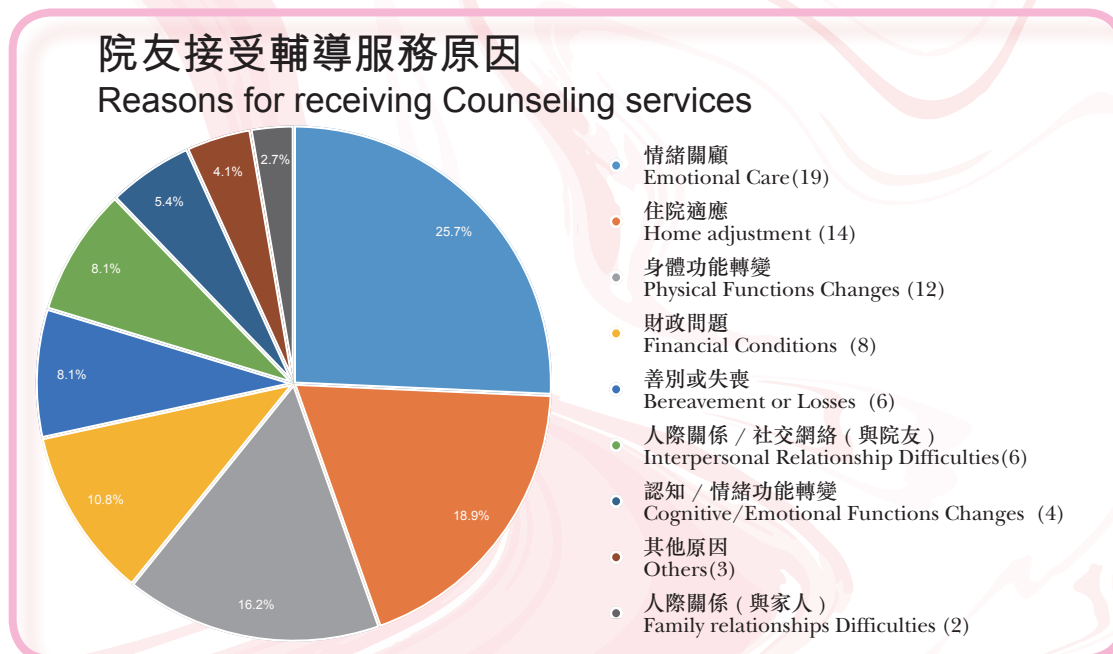
社交康樂活動 Social Recreational Programs



其他活動 Other Programs



輔導服務原因 Reasons for Receiving Counseling Services



社會服務：「安寧在院舍」計劃

本院為一所持續照顧院舍，會為晚期病患院友提供適切照顧。自 2016 年起，本院參與了由香港老年學會推行之賽馬會安寧頌 - 「安寧在院舍」計劃，與該計劃支援團隊的醫生、護士及社工緊密地合作，推展紓緩及臨終照顧服務，服務晚期病患院友、支援家屬及院舍職員，讓參與計劃的院友在生命末段時，獲得適切的全人照顧，達致「生時安樂、走時安寧」，有尊嚴地走完人生旅程。

服務內容

院友方面

- 為末期病患院友提供紓緩及臨終照顧服務，計劃團隊和院舍與院友及其家屬共同參與「預設臨終照顧計劃」及「預設醫療指示」的制定及執行，讓院友表達及參與其醫療決定，有尊嚴地離世。
- 團隊護士及社工與院舍職員保持溝通，了解院友情況。探望參與計劃院友，關顧他們身心社靈的需要，維持及提升院友生活質素。
- 院舍設立「安寧房」，當院友生命進入倒數時，安排入住「安寧房」，讓院友在舒適的環境及摯親陪伴下，圓滿走完人生旅程。
- 計劃團隊與醫院管理局社區老人評估小組及院舍共同合作照顧晚期病患院友。
- 向院友及家屬介紹服務計劃，有興趣參與計劃的院友，轉介參與「早期識別及溝通計劃」。

家屬方面

- 團隊護士及社工與家屬保持聯絡及見面，提供支援包括病患知識、協助他們預備及面對親人離世、哀傷輔導及協助處理殯葬事宜等。

職員方面

- 提供紓緩及臨終照顧培訓予院舍職員，提升照顧技巧。
- 在院友離世後，安排解說會予院舍職員，提供情緒支援。

院友及家屬參與計劃感受

計劃至今共服務 29 位院友及其家屬。院友及家屬對團隊提供服務及持續地關顧感到很有幫助及支持。尤其在疫情期間，家屬未能到院舍探訪，團隊護士及社工探望院友，聯絡家屬告知院友的情況，家屬感謝服務安排。

院友龍伯伯：「定了治療決定，個心感到安樂，因係按自己的心意。」

院友劉婆婆：「姑娘探訪感到溫暖，探完後，告知家人我的情況，覺得好好。」

家屬李女士及黃先生：「很多謝護士鄧姑娘對阿姨的關懷，她在安老院時，聽她傾訴及安慰她，其後又多次到聯合醫院探她。而向我們親人解釋醫學知識及慰問，實在衷心多謝。」

家屬馮女士：「這段時間多謝姑娘告知醫療知識和安慰我，探望媽媽後，來電告知媽媽的情況。」

家屬梁太：「衷心多謝姑娘那麼耐心地同我丈夫說話，他真有福氣，遇到您這麼有愛心的姑娘。」

Social Services : End-of-Life Care Program

We are a continuum-of-care residential home, providing quality care to our elderly residents till the end of their life stage is our ultimate goal. In 2016, we have joined the Project JCECC: "End-of-Life Care in Residential Care Homes for the Elderly" organized by the Hong Kong Association of Gerontology. Through working closely with the project team's doctor, nurse and social worker, we provide palliative and end-of-life care services to the residents with late stage chronic illness, as well as to support their family members and residential care staff. Residents who participate in the Project can receive holistic care services at their final stage to complete their life journey with dignity.

Service content

For participating residents, Project services include provision of palliative and end-of-life care services for the residents with terminal illnesses. The Project team, the Home and the participating residents as well as their families take part altogether in the formulation and implementation of the "Advance Care Plan" and signing of "Advance Directive" in which the older individual would be able to express and decide his/her medical care and treatment. The Project nurse and social worker would visit participating elderly regularly to provide nursing and psycho-social support. More significantly, a "Comfort Room" has been set up in our residential home for participating residents. They can choose to move in during their final days to be accompanied by their relatives. For family members, they will be provided with medical knowledge, assistance in preparing and facing the death of their elderly relative, grief counseling and guidance in handling funeral matters, etc. As for the residential home staff, relief and hospice care training and debriefing session with emotional support after the death of the residents are provided.

Feedbacks from residents and their families towards the service

Under this project, we have so far serviced 29 residents and their families. After participating in the project, residents and their families expressed that they felt being helped and strongly supported by the Project services. The supports were timely during the pandemic period when family members were not able to visit the residents, and Project nurse and social worker would visit the residents and keep the family members informed of the residents' latest situation. Many family members conveyed very positive feedbacks to our staff and the Project team of their appreciation and gratitude towards the service.



院友簽署參與計劃
Resident participated in the project



社工探望院友
Social worker visited resident



安寧房
Comfort Room



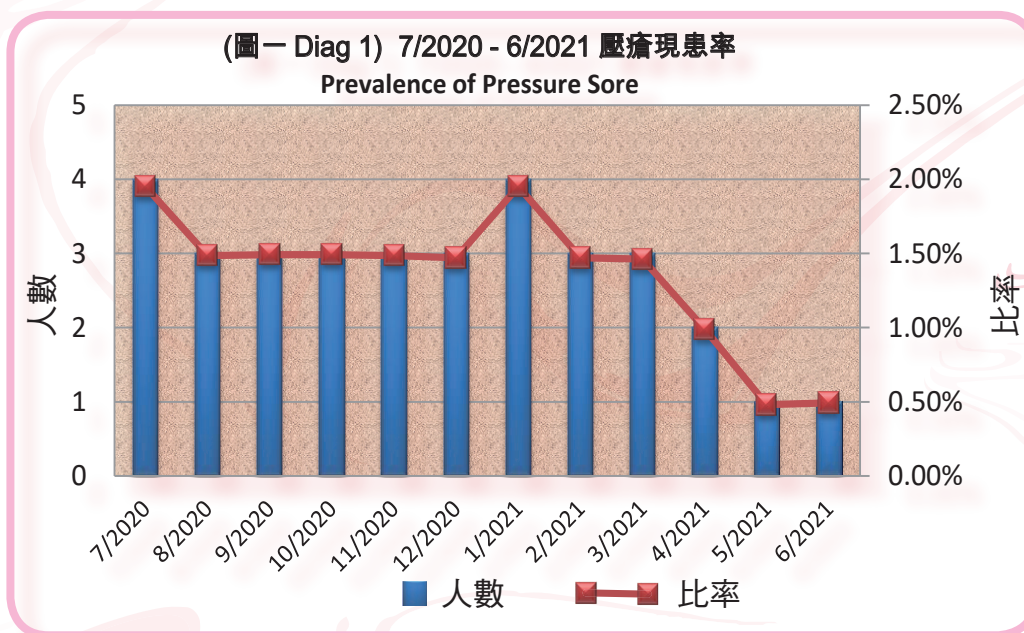
護士提供職員培訓
Nurse provided staff training

護理服務：臨床照顧質素指標

壓瘡

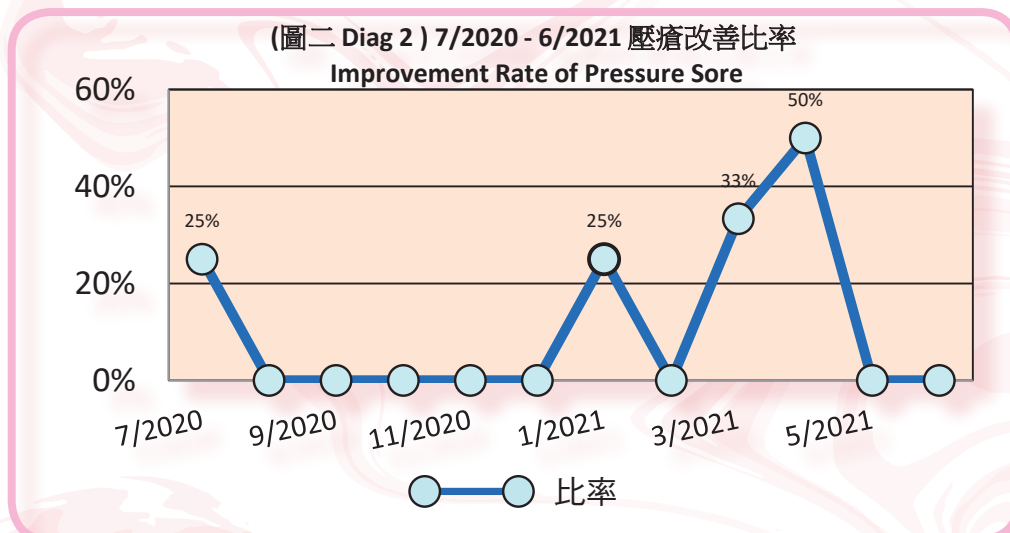
2020年7月至2021年6月壓瘡指標監測檢視及分析

1. 7/2020-6/2021 本院壓瘡現患率全期平均 1.35%，按月有 1 至 4 名患者（圖一）。
2. 全期新患壓瘡有 2 人，於 7/2020 及 1/2021 發生，此 2 個案並非源自本院，2 名院友皆因入住醫院一段時期，於出院時發覺新患上二級壓瘡。
3. 全部患者之位置均集中於骶尾部，活動能力全為卧床情況，壓瘡程度為二級至四級。



改善措施

1. 對於長期卧床患壓瘡的院友，轉用減壓床墊，護理員每二小時為其轉換姿勢，護士嚴格施行無菌操作，選用具吸收性敷料，每星期以「e- 護存」傷口護理紀錄系統，拍攝傷口，輸入、記錄和儲存各項資料，持續監察傷口的情況。
2. 改善比率全期平均為 12% (圖二)，新患者於一個月後便癒合，但較持久患者，即三至四級壓瘡，則需約 6 個月才有改善，而患四級壓瘡院友經 12 個月後完全癒合。

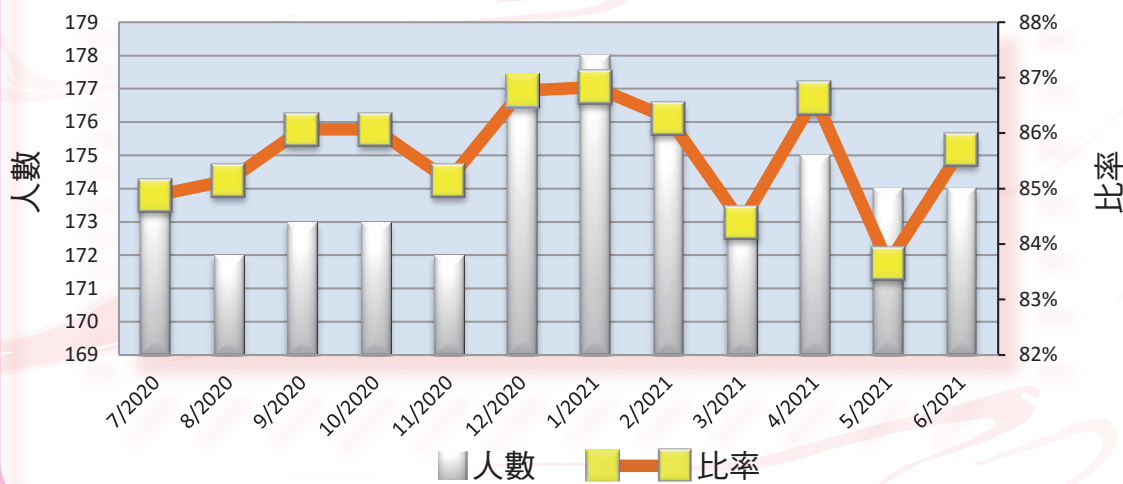


失禁及尿道感染

2020年7月至2021年6月小便失禁及尿道感染檢視及分析

1. 本院每月平均有 170 多人失禁，全期平均每月現患率為 85.6% (圖三)，較去年上升 5%。
2. 大部份院友使用紙尿片，佔 98.3%，小部份 1.67% 使用導尿管，與去年比率相約。
3. 失禁而有患尿道感染者比率為 0.47%，其中使用紙尿片者為 0.34%；而使用導尿管者今期則有 8.5%，比去年之 0.1% 大幅度上升，主因為一名女院友分別於 2020 年 7 月、10 月及 2021 年 3 月共有三次感染，她因接受雙足截肢手術後，身體變得虛弱，吞嚥功能退化，水分攝取不足至增加泌尿道感染風險。
4. 全期共有 10 人次患尿道感染，涉及 6 名院友；男、女各 3 名。主因為體弱，需長期臥床；亦有接受晚晴照顧服務者，由於吞嚥功能退化，影響進食；另亦有院友因前列腺肥大、腎功能欠佳者，引致排尿障礙，形成尿道感染。

(圖三 Diag 3) 7/2020 - 6/2021 失禁現患率
Prevalence of Incontinence



改善措施

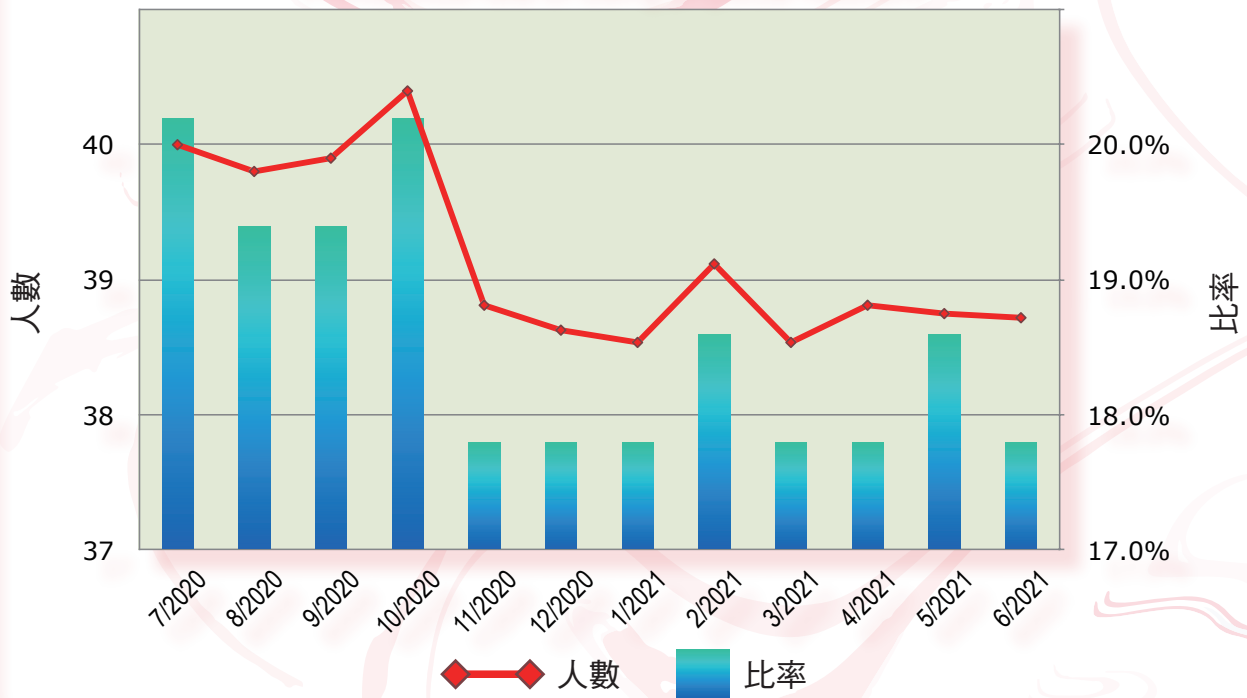
1. 根據物理治療師評估，臥床院友總數為 17 人，數量較去年 2020 年 3 月的 12 人大幅增加，增幅為 41.67%。衰老是人體自然的生理過程，身體的器官功能也會隨著年紀增加逐漸衰退。本院參加為期 4 年的「安寧在院舍」試點項目，因此更多體弱的院友在臨終階段，仍在院舍環境中得到照顧，從而增加了各科臨床專業照顧壓力。物理治療師需額外增加床邊被動運動；對於咀嚼吞嚥功能影響攝取量，言語治療師需定期評估院友，調整食物濃度、進食姿勢等。護士亦需鼓勵院友多喝水及增加餵水的次數，減少尿道感染的風險。
2. 護士嚴格執行無菌技術置入導尿管，指導護理員加強及仔細執行各項護理程序，更換尿片後擦拭會陰部時一定由前往後，勿來回擦拭。患有前列腺脹大之院友，觀察小便量，及早發現尿儲留，作出適當的診治。

安全物品的使用

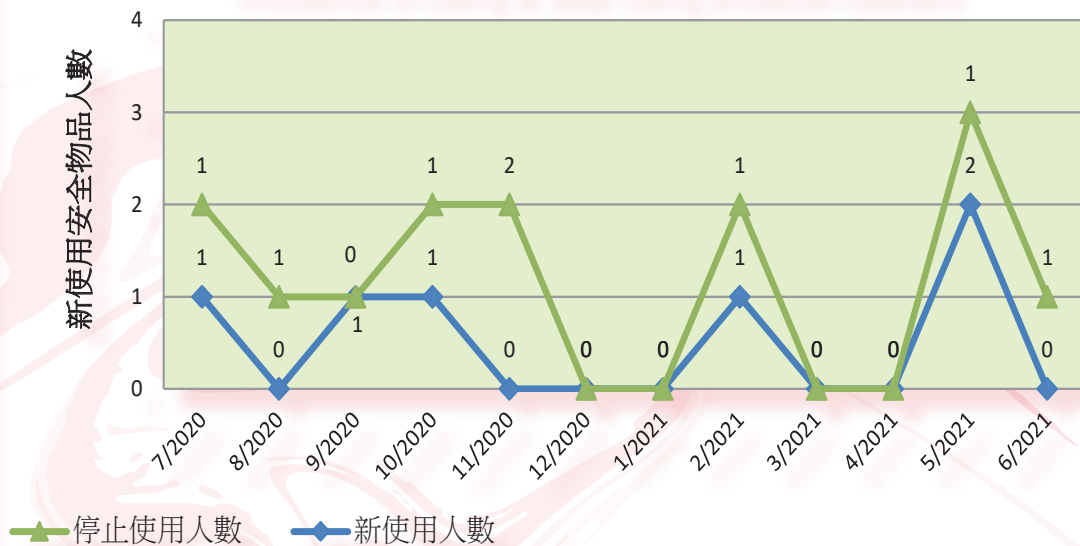
2020年7月至2021年6月安全物品使用指標監測檢視及分析

1. 全期使用安全物品的院友平均每月有 19.2% (圖四)，使用人數約 40 人，比去年同期日間平均使用率 14.56% 及夜間平均使用率 15.68% 為高。
2. 全期新增使用安全物品有 6 人，全期發生率為 0.2%；全期停止使用有 8 人，比率平均為 1.7% (圖五)。
3. 使用安全物品種類包括：安全背心 87.18%、盆骨部位固定帶 61.54%、手帶或手套 5.13% 等等。
4. 使用安全物品原因為高危易跌佔整體 92.31%，少數為自傷危險及維生治療佔 5.13%。

(圖四 Diag 4) 7/2020 - 6/2021 安全物品使用現患率
Prevalence rate of using physical restraint



(圖五 Diag 5) 7/2020 - 6/2021 安全物品發生及停止使用比率
Incidence of using & stop using physical restraint



改善措施

1. 每名院友使用約束物品前，必須經本院護士、物理及職業治療師的專業評估及分析，決定使用種類及時段，經由醫生再度評估確認，再經家屬 / 院友同意。
2. 員工必須根據本院指引，按照正確程序使用約束物品，護理員按時鬆解約束物品，讓院友舒展和活動，護士以「e- 護存」電子記錄，按時監察記錄，跟進及核實，避免遺漏。同時，每名院友亦須每月经專業團隊，重新評估約束的需要。

Nursing Care Services : Some Clinical Quality Indicators

Pressure Ulcers

Monitoring, review and analysis of pressure ulcer indicator from 7/2020 to 6/2021

1. From 7/2020 – 6/2021, the average prevalence rate of pressure ulcers was 1.35%, with 1-4 residents with pressure ulcer per month (Diag 1).
2. There were 2 new pressure ulcers in the whole period, which occurred in 7/2020 and 1/2021. These 2 cases were hospitalized for a period of time and upon their discharge were found having developed a new pressure ulcer of grade 2.
3. All of the ulcers were developed in the sacral area region, of grade 2 to 4, and the residents' mobility was bedridden.

Improvement measures

1. For long-term bedridden residents suffering from pressure ulcers, it was our usual care practice to provide them with pressure relief mattress. Personal care worker would turn their position every two hours. Nurses would strictly perform aseptic technique, choose absorbent dressings, and resort to our electronic care-monitoring mechanism "e-護存" wound care module which was a tool that allowed us to take photos of the wounds, to input, record and store the various assessment and intervention data, as well as for continuous monitoring of the condition changes of the wounds.
2. The average improvement rate of pressure ulcer for the yearly period was 12% (Diag 2). A newly developed ulcer normally took one month to heal, but more persistent ulcers, such as for grade 3 to 4 would take about 6 months to improve, whereas those of grade 4 pressure ulcers required almost a period of 12 months for complete recovery.

Incontinence and Urinary Tract Infection

Review and analysis of urinary incontinence and urinary tract infection from 7/2020 to 6/2021

1. There were over 170 residents suffered from incontinence, with an average prevalence rate of 85.6% for the period (Diag 3), an increase of 5% over last year.
2. The percentage of incontinent residents who also suffered from urinary tract infection was 0.47%, of whom 0.34% used diapers; and 8.5% used urinary catheters, the latter figure was a significant increase from 0.1% of last year. This marked increase was due to a female resident who sustained three infection episodes in 7/2020, 10/2021 and 3/2021, respectively, after undergoing bilateral amputation, thereafter leading to physical frailty, declined swallowing functions, and decreased fluid intake that increased risk of urinary tract infection.
3. There were 10 incidents of urinary tract infection in the whole period, involving 6 residents, 3 males and 3 females, who were bedbound for a long period, some were also receiving End of Life care services. These residents were in general presented impaired swallowing functions that affected their eating and drinking. There were also residents who had enlarged prostate glands and poor renal functions, causing urination disorders and urinary tract infections.

Improvement measures

1. According to our physiotherapist assessment, our Home's number of bedridden residents was increased 41.67% in the last 2 years, from 12 in 3/2020 to 17 in 6/2021. Apart from the natural process of ageing, a number of our residents had participated in the End of Life care pilot service in the past 4 years, thereby more frail residents were still being cared for in the residential setting at the end stage of their life, thus increasing the care pressure of our multi-disciplinary team. Physiotherapist needed to render additional passive exercises at the bedside; Speech Therapist had to more frequently evaluate residents and adjust food concentration, eating posture, etc. to enhance intake of chewing and swallowing functions. Nurses also needed to encourage residents to drink more water and increased the frequency of water feeding to reduce the risk of urinary tract infection.

2. Nurses strictly implemented aseptic techniques in inserting and changing the catheter. They also closely monitored and instructed Personal Care Workers to strictly adhere to the care procedure in wiping the perineum from front to back after changing diapers, never back and forth. Residents with enlarged prostate also needed close monitoring and frequent measurement of urine output for early detection of urinary retention and necessary treatment.

Use of Physical Restraint

Monitoring, review and analysis of physical restraint usage indicators from 7/2020 to 6/2021

1. The number of residents who required application of safety items was around 40 per month, with an average prevalence of 19.2% for the designated period of 7/2020 – 6/2021 (Diag 4), which was higher than the average daytime usage rate of 14.56% and the average nighttime usage rate of 15.68% in the same period one year earlier.
2. During the whole period, there were 6 new users, and the incidence rate was 0.2% there were 8 residents who were able to stop using safety items in the whole period, and the average rate was 1.7% (Diag 5).
3. The types of safety items used include: safety vest 87.18%, pelvic fixation belt 61.54%, hand straps or gloves 5.13%.
4. The major reason for using physical restraint was high-risk of fall, accounting for 92.31% of the total; and a small percentage was due to risk of self-injury and life-sustaining treatment, accounting for 5.13%.

Improvement measures

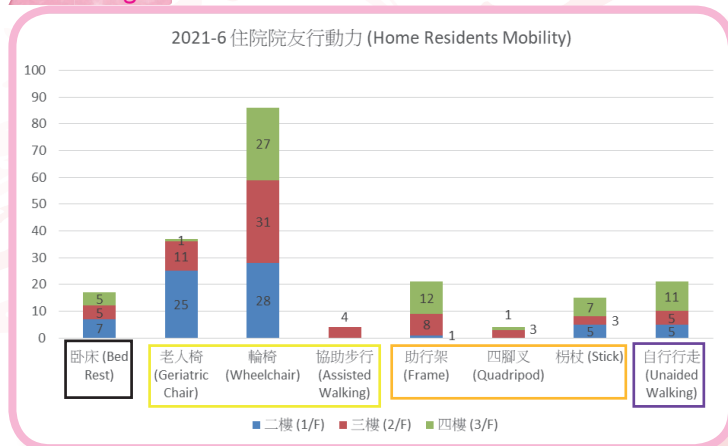
1. Prior to the application of physical restraint, the resident must be thoroughly assessed by our Home's nurses, Physiotherapist and Occupational Therapist, and further evaluated by attending visiting doctor for the necessity of the application. The decision should finally be confirmed and agreed by family member/resident themselves. Such assessment and agreement should be clearly documented.
2. Staff were required to strictly follow and practice the procedures written in the Guidelines on Restraint Application. PCWs should release the item every 2 hours while nursing staff would use the electronic system of "e-護存" to monitor and record the care procedures on time to avoid omission. More importantly, each resident must be reassessed by the professional team on a monthly basis for the necessity to continue applying the restraint, and to stop using as far as possible.

物理治療服務：院舍長者行動能力檢視

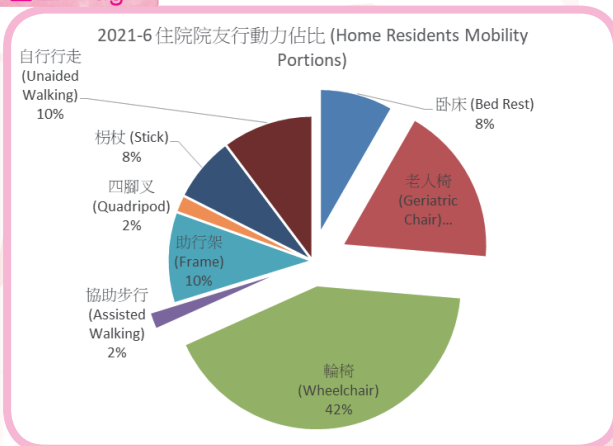
院舍長者行動能力狀況

2021年6月，本院整體院友行動能力情況如下：(圖一)及(圖二)

圖一 Diag 1



圖二 Diag 2



卧床 (圖一黑格)

在 2021 年 6 月，卧床院友總數為 17 人，數量較去年 2020 年 3 月的 12 人大幅增加，增幅為 41.67%。若進一步比對 2018 年 8 月的卧床院友人數 10 人，則增幅為 70%。數據顯示近二年卧床院友人數急劇增加，現佔總住院人數的 8%。

輪椅、老人椅 (圖一黃格)

輪椅、老人椅是四組院友中最多的一組，總數佔 62%，與 2020 年的 63% 相差不大。本組院友總數為 127 人，當中使用老人椅院友 37 人，主要分佈在二樓。使用輪椅院友有 86 人，平均分佈於三個樓層，當中只有約 10 人可獨立使用輪椅移動。須協助步行院友數目由 2020 年 3 月的 8 人減少至 2021 年 6 月的 4 人，減少了 50%。

使用輔助器材步行 (圖一橙格)

此類別佔總院友人數的 20%，與 2020 年 3 月下降了 2%。三個樓層可使用輔助器材步行院友的數量，依然是以較高樓層的四樓為最多。

徒手步行 (圖一紫格)

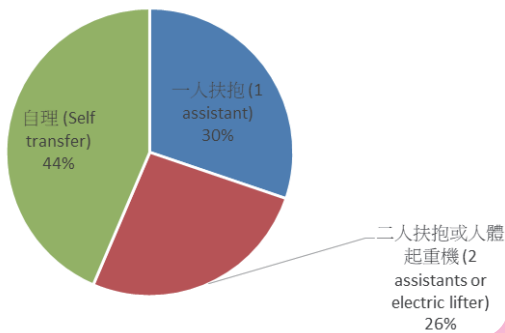
可徒手步行的院友佔總人數 10%，總數為 21 人，較 2020 年 3 月略有增加。主要由於院友自然更替，新入院友有較佳之行動能力有關。

協助轉移

如(圖三)所示，56%的院友需要協助轉移。其中26%需要兩人協助，或使用人體起重機。然而，如(圖四)顯示，院友的協助轉移需求上有輕微下降趨勢。情況像去年的報告中也呈現了溫和下降的趨勢。這可能是由於院友自然更替有關，與離世前的院友情況相比，新入院友通常有較佳的功能表現。

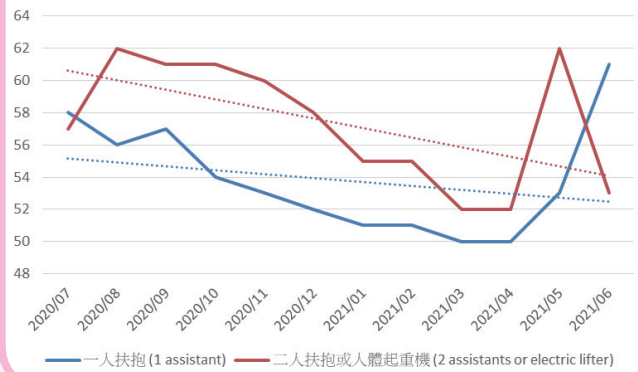
圖三 Diag 3

2021-06 扶抱百分比 (Transfer Percentage)



圖四 Diag 4

2020-2021 扶抱趨勢 (Transfer Trend)



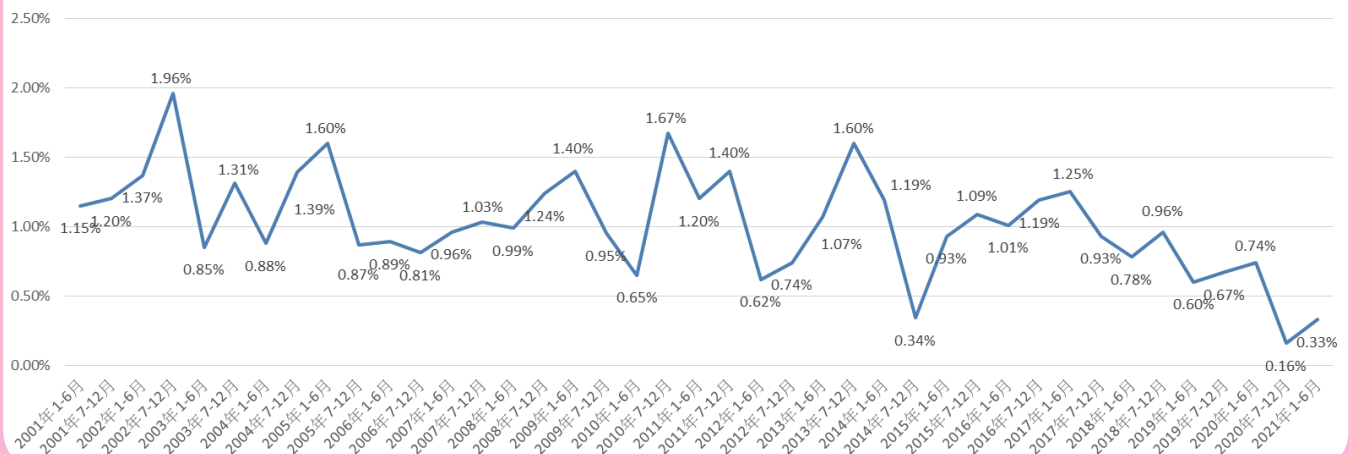
院友跌倒現患率

自 COVID-19 肆虐以來，最近兩期的半年跌倒現患率統計數據都處於有記錄以來最低水平 (圖五)。2020 年下半年院友只有兩次跌倒記錄，而 2021 年上半年院友亦只有四次跌倒記錄，跌倒現患率分別為 0.16% 和 0.33%。6 宗跌倒均發生在廁所，當中一半發生在深宵 12:00-6:00。只有一名跌倒院友使用約束物品，其他都是可以用不同助行器自行行走者。

從本院歷來收集的數據中，本院可以將最近的跌倒現患率與 2003 年上半年香港遭受非典襲擊的跌倒現患率相比較。由 (圖五) 中可見，最近的跌倒現患率和 2003 年的跌倒現患率都達到了低點，數值比其他年份及時段的統計為低。其原因可能是由於在那個特定時段裏大家對跌倒的警覺性提高。由於在致命病毒爆發下住院成為一個很大的感染風險，因此員工和院友有強大警覺性避免院友進入醫院治療。隨著院友高跌倒風險行為減少和員工工作變得更加謹慎，跌倒數字下降。由於平均院友功能下降和再沒有安老宿位院友，能自行步行者減少，最近的跌倒現患率表現甚至比 2003 年上半年的數字還要好。

圖五 Diag 5

2001-2021 院舍跌倒現患率 (Home Fall Prevalence)



樂齡科技 與 長者防跌訓練

透過「樂齡及康復創科應用基金」，本會於 2021 年購買了兩台儀器協助防跌訓練，二部皆置有電腦及內置程式，協助分析動態平衡及訓練。一台是 THERA-Trainer balo (圖六)，此儀器分企架和電腦兩部分，企架部分在平台上鎖的情況下，可用作訓練完全被動之院友站立，亦適用於訓練有跌倒風險的患者以及輪椅使用者。另一台是重心和平衡訓練器 Prokin (圖七)。此器材主要用於鍛鍊分析下肢平衡負重，其中間有一個圓形活動平台，在上鎖的情況下可用作檢測壓力分佈，以鍛鍊重心轉移；在活動的情況下，可用作鍛鍊足踝和週邊肌肉，鍛鍊平衡能力。此儀器對行動力較高之長者更為合適。

個案分享：黃婆婆，75 歲，2012 年患上腦中風，右側偏癱。參與訓練前以拐杖走路，入住本院後有多次跌倒史，院友一直在本院接受針灸治療和步行訓練。在 Prokin 付運後，本院讓她嘗試以此器材進行訓練。黃婆婆的 Prokin 訓練設計相當簡單，使用重心監測功能(圖八)，讓她嘗試增加右下肢的負重，不斷來回進行重心轉移。訓練在接受針灸後進行，期望在疏通經絡後促進氣血運行後，以功能鍛鍊促進復康。經過幾個月的治療後，效果令人鼓舞。即使沒有手杖，黃婆婆亦能有信心地行走，也再沒有跌倒的報告。黃婆婆的治療將會繼續，並尋求進一步改進空間。我們亦使用 Prokin 於訓練可以走路並表現有較嚴重癡呆症並伴有帕金森表徵的長者。訓練的反應良好，而他們都能有效配合訓練。本院將繼續探求 Prokin 在長者復康應用上的其他可能性。

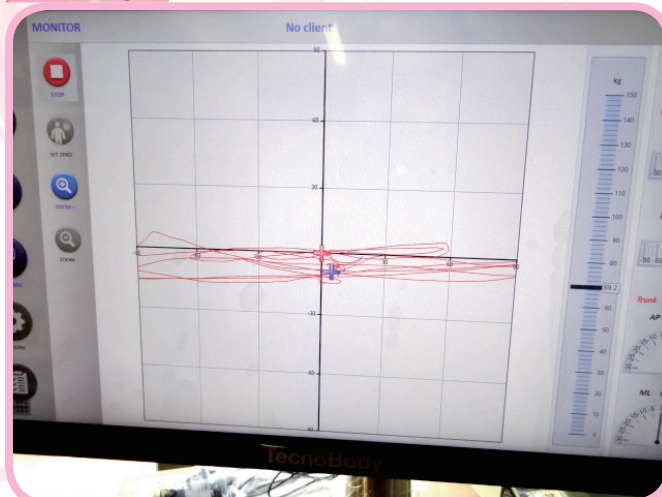
圖六 Diag 6



圖七 Diag 7



圖八 Diag 8



Physiotherapy Services : Mobility of Home Residents

Overall Mobility Conditions of Home Residents

The overall mobility conditions of Home residents as of June 2021 was charted in Diagrams 1 and 2.

Bed bound (Diagram 1 in black grid)

The total number of bed bound residents in 06-2021 was 17, comprising 8% of the entire resident population. As compared with the previous years' data, the bed bound number was 12 in 03-2020, and 10 in 08-2018, the increase rate was 41.67% and 70% respectively. The figures showed an upsurge of bed bound residents in the recent 2 years.

Chair bound (wheelchair and geriatric chair) (Diagram 1 in yellow grid)

Chair bound residents were the largest group in the 4 mobility categories, comprising 62% of the resident population. The percentage was not much different as compared with the previous year of 2020 which was 63%. The total number of residents in this group was 127. There were 37 geriatric chair users, mainly resided on 1/F; while 86 were wheelchair users evenly distributed on the 3 dormitory floors. Only 10 out of the 86 wheelchair users could move around independently. There were 4 chair bound residents who needed assisted walking, and the number was decreased 50% as compared with 03-2020.

Walk with Assistive Device (Diagram 1 in orange grid)

The total percentage of this category was 20%, 2% decreased as compared with 03-2020. Most of this group of residents were residing on 3/F.

Unaided Walking (Diagram 1 in purple grid)

There were only 21 residents who were able to walk independently, comprising 10% of the total resident pool. The number was slightly increased when compared with 03-2020 as new residents normally performed better in mobility.

Assisted Transfer

Transfer need in the residential home was shown in (Diagram 3). 56% of the residents needed transfer assistance, of whom, 26% needed 2-person transfer or electric lifter. However, Diagram 4 showed a slight decrease trend in transfer need among home residents in the past years, which should be due to the turnover of frail residents and the newly admitted residents normally possessed better mobility.

Fall Prevalence of Elderly Residents

Since the COVID-19 pandemic, our Home's fall prevalence hit a historical low record in the past 2 half-yearly statistics (Diag 5). There were 2 falls recorded in the second-half year of 2020 and 4 falls in the first-half year of 2021, giving the prevalence of 0.16% and 0.33% in the respective period. All of the 6 fall incidents occurred in toilet areas. Half of the fall time happened within 12 midnight – 6am. Only 1 faller was under physical restraint, all others were able walkers with different walking aids.

As observed from our past statistical data on fall prevalence, both SARS period of 2003 and the recent COVID-19 pandemic presented low fall records. The reason might be due to raised awareness and alertness on healthcare issues during the epidemic, especially when hospitalization became a big infection risk under the lethal viral outbreak that both staff and residents wanted to abstain from. As residents risk-taking behavior decreased and staff becoming more cautious, the fall rate decreased. On the other hand, with the conversion of meal places into moderate and severe impairment places, elderly admitted into residential homes were normally with impaired mobility and few were walkers, thereby resulted in better fall prevalence in residential setting in recent years.

IT Equipment and Fall Prevention Training

In 2021, our agency had procured 2 sets of balance training equipment to assist in fall prevention through the Innovation & Technology Fund for Application in Elderly & Rehabilitation Care. Both devices are installed with a dynamic / static balance board and a computer system with built-in balance training games to give more training dynamics. The THERA-Trainer balo (Diagram 6) is a therapy device for safe dynamic exercise of balance, suitable for patients unable to stand, wheelchair users, as well as those with risk of falling. It aims at improvement of balance and mobility by strengthening pelvis and trunk stability. Another equipment is Prokin (Diagram 7). Prokin is a dynamic and static Balance Board System of assessment and training in a standing and a seated position, suitable for people with relatively better mobility, balance and cognition states.

Case Sharing :

We would like to share the outcome of a resident after receiving training by the Prokin. Madam Wang, 75, suffered from CVA in 2012 with right hemiplegia and walked with a cane. After admission into our Home, she sustained multiple falls and was given acupuncture treatment and walking training. Madam Wang was then assigned training by the Prokin. Using the center of gravity monitoring function of the equipment (Diagram 8), we gradually increased her weight-bearing over the right lower limb. The training was given after receiving acupuncture. After 6 months of treatment and rehabilitation, Madam Wang was able to walk more confidently even without the cane and no fall incident was reported so far. We would continue to look for room for further improvement on her training as well as for her functional maintenance. We also used the equipment to train elders with walking problem who suffered from cognitive impairment and Parkinsonism, and the initial responses were satisfactory. We would continue to explore its applicability on elderly with related symptoms and for their rehabilitation benefits.

職業治療服務：職業治療與樂齡科技

隨著近年科技發展迅速，不少新的科技產品都會應用在照顧患有認知障礙症的人士身上，本機構成功申請樂齡及康復創科應用基金，購買了多件產品，應用在照顧及訓練院友方面，效果良好。

OMI 智能互動投影系統

智能互動的好處是透過互動，即時產生視覺、聽覺效果等感官回饋，讓院友/日間會員學習及提升反應及處理訊息速度。系統包括數十款翻譯成中文版本的互動遊戲，職業治療師更可按照個別院友或日間會員的需要，度身訂做個別訓練內容，以小組形式進行訓練，提升治療效能，同時亦增加院友間溝通及合作機會。現時分別在安老院舍及日間中心使用，反應熱烈。我們更為院友拍攝短片，讓家屬了解院友/日間會員在疫症期間參與訓練的狀況，加強家屬與院友間的聯繫。



陪伴機械寵物

寵物是人類的好伙伴，現時有不同種類的機械寵物如海豹 Paro 及機械貓 Aspen 等，本院亦「飼養」機械馬騮 Tommy，她深得院友們的愛戴，就像圖片中兩位患有中度認知障礙症的院友一樣，開心與 Tommy 一齊玩耍，興高采烈地「照顧」它。由於部份患有認知障礙症的院友住院前可能有飼養寵物，會勾起以往的回憶，院友會感覺充實，對患有嚴重認知障礙症的院友，加強觸覺刺激。此外，亦提升院友與職員之間的互動及院友/日間會員的語言表達能力。



智能手套 (Smart Glove)

適合中風患者進行手部功能訓練，機械外骨及手套內置運動傳感器，準確地計算個別手指的活動狀況。智能手套的一端連接著手提電腦。儀器內置多種遊戲或活動給予治療師去選擇。連接完成後治療師會進行一個基線評估測試來訂立訓練程度，我們建議訓練每週兩次，患側每次二十分鐘。部份參加者可能在頭幾次訓練後會感到患側有輕微痛楚。慢慢地痛楚減少及肌肉會收縮或活動。職業治療師會設計有趣味性及生活化的訓練，有被動、主動及輔助主動等模式可以選擇，加強院友/日間會員訓練的主動性及參與程度，從而改善個人的獨立性及生活質素。



Occupational Therapy Services : OT and Gerontechnology

With rapid development of technology in recent years, many new technology products will be used to care for people with dementia. Through the Innovation and Technology Fund for application in elderly and rehabilitation care (I&T Fund), our organization has purchased several products for caring and training our elderly, and the outcomes are remarkable.

Omi Vista+Mobii interactive floor/table Projection

The benefit of the motion-activated projection system is that through interaction, sensory feedback such as visual and auditory effects can be generated in real time, allowing residents/day care members to learn and improve their reaction and processing speed. The system includes dozens of interactive games translated into Chinese. Occupational therapists can tailor-make training program based on individual's need and yet can be applied in small group setting to facilitate communication and social interaction so as to maximize training effects. This mode has been successfully applied in both residential and day care settings with enthusiastic response. We also make short videos for families' attention during the pandemic for their understanding and awareness of the older persons' performance and care in the residential home.

Robotic Companion Pet

Pet is a good companion for humans. There are different kinds of robotic pets such as robot baby harp seal, named "Paro" and robot cat "Aspen". Our residential home "rears" a robot monkey, named "Tommy". Residents love to play with Tommy (see picture below). In the picture, one of our resident who has moderate dementia, smiles, talks to the pet, touching and interacting with Tommy happily. For dementia residents with past experiences with domestic pets, this would trigger their long-term memories of contentment and caring for something. For persons with severe dementia, the pet will give a tactile sensory stimulation that becomes a source of comfort. Socially, caring the pet encourages social interaction and communication among residents and staff.

Smart Glove

It is suitable as a hand function training tool for stroke patients. The mechanical outer bone and the built-in motion sensor of the glove can accurately calculate the activity status of individual fingers. At one terminal end, it is connected to the computer or notebook. The device has numerous built-in games and activities for the therapist and participant to choose. Therapist can conduct a calibration test to obtain the baseline data and determine the level for initial training. It is recommended that training regime will be held twice a week, 20 minutes for treatment side. Mild pain or discomfort may occur for some participants for the first few sessions, then the pain will subside gradually and more muscle contraction or movement will be observed. Occupational therapist can select the built-in activities for training to increase the fun and avoid the boredom of repetitive action. The device has passive, active and auxiliary active modes. Feedbacks from trainees confirm that the device is comfortable, light weight, and the games are fun to play with that they enjoy the training very much.

音樂治療服務：破冰搖籃 CRDL 於晚期認知障礙症患者的使用研究

音樂治療與樂齡科技

隨著科技發展日新月異，本年度本院亦將新科技應用於音樂治療當中。我們引入了破冰搖籃 CRDL (圖 1)，以激發中晚期認知障礙症院友以新的形式建立社交關係。

CRDL 破冰搖籃的外形像一個木製橢球，藉使用者與 CRDL 之間的觸碰轉換為聲音的互動儀器。CRDL 內置 5 個預設的音景，包括大自然音景 (雀鳥叫聲)，城市音景 (市場嘈雜聲)，動物音景 (家禽叫聲)，樂器音景 (管弦樂)，及家居音景 (廚房煮食聲)。使用者可以通過敲擊，靜止觸摸，接觸，撓癢和揉捏 CRDL 或對方的肢體來進行接觸 (圖 2)。不同的觸碰方式會被轉化並產生不同的聲音，例如：溫柔的敲擊，會觸發小鳥鳴叫；而大力地揉捏，則會觸法雷聲。這種方式，令人們可以將別人的身體，當作為一種樂器「演奏」，這使觸摸變得更吸引和有趣，令參與者更投入和享受對方的存在和能量。當使用 CRDL 時，可以是 2 人或 2 人以上與 CRDL 的觸碰聯繫，從而形成一個類似閉合電路的模式。當 2 人在使用 CRDL 時，雙方都將一隻手放在 CRDL 上，而另一隻手則可以跟對方以不同的方式接觸，令 CRDL 發出聲響 (圖 3.1)；而 2 人以上只需要加入到聯繫當中便可 (圖 3.2)。由於透過使用 CRDL 可增加表達性的接觸，因此對有溝通及社交困難的中、晚期認知障礙症長者，可以產生治療作用。



圖 1：音樂搖籃

Fig. 1 : CRDL

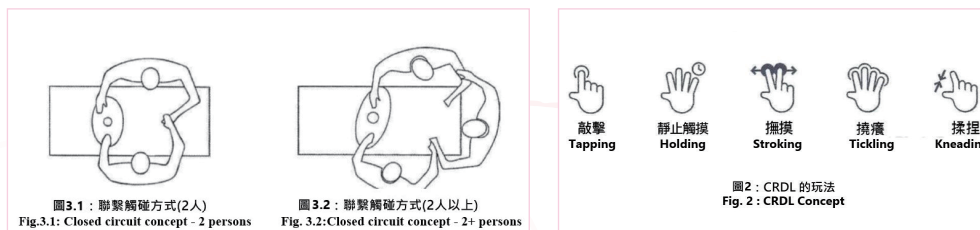


圖 3.1：聯繫觸碰方式(2人)
Fig.3.1: Closed circuit concept - 2 persons

圖 3.2：聯繫觸碰方式(2人以上)
Fig. 3.2: Closed circuit concept - 2+ persons

圖 2：CRDL 的玩法
Fig. 2 : CRDL Concept

破冰搖籃 CRDL 的成效報告

李婆婆患有晚期認知障礙症 (MMSE=2/30)，平日坐於老人椅限制了社交互動。音樂治療師遂安排李婆婆參加個別音樂治療，以 CRDL 作為音樂媒介，改善李婆婆的社交及與人聯繫方式。個別音樂治療每星期進行一次，每次 10-20 分鐘，共 6 節。整個治療過程有 35.6% 回應是由音樂治療師引起 (n=729)，64.4% 由李婆婆引起 (n=1316)。在治療中，所有言語、肢體回應 (非言語回應)、情緒反應，均用 iPhone 攝錄功能紀錄，再由音樂治療師逐一解碼。每一節的個別音樂治療只會用其中一種音景。當李婆婆對 CRDL 失去興趣或專注力不足時，便會完結該節。

結果顯示

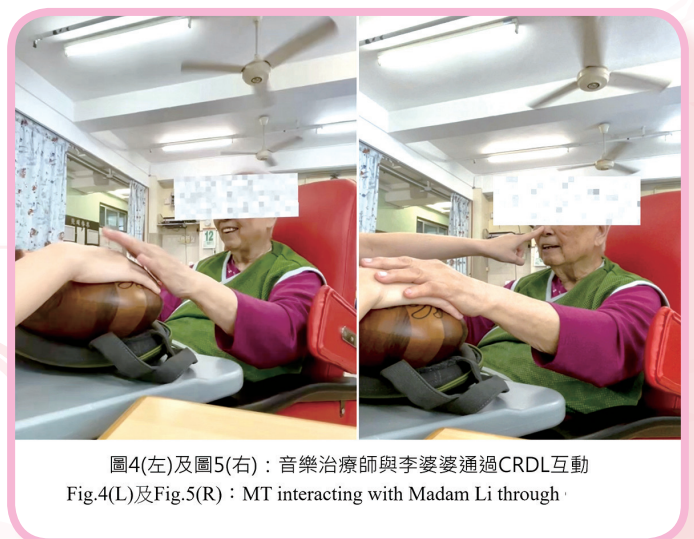
以下是治療記錄結果的摘要，主要概述：(1) 人與人之間的互動回應 (當兩個人參與其中時，反應是針對對方的)；(2) 人與 CRDL 之間的互動回應 (只有一個人參與，反應是針對 CRDL)，及 (3) 兩種互動回應中，可分為言語反應、肢體反應及情緒反應。

	人與人之間的互動回應 74.5% (n = 1524)	人與 CRDL 之間的互動回應 25.5% (n = 521)
言語反應	19.5%, n=297 <ul style="list-style-type: none"> 每一節開始前，MT 都會解釋及重溫 CRDL 的玩法，一邊調較適合的音量，一邊詢問李婆婆是否可以聽到音樂，讓李婆婆專注於 CRDL 上。 當不同的音響響起時，觸發李婆婆與音樂治療師對話，例如她會問音樂治療師聲音是從那裡來，及聲音的種類，有時更會邀請音樂治療師扮音景中的聲音。 有時李婆婆亦需要鼓勵去跟 CRDL 互動及有時候需要提供指導予李婆婆。 	29.4%, n=153 <ul style="list-style-type: none"> 李婆婆表達了對 CRDL 的喜愛，她說：「叮噹叮噹又幾好玩喎」「叮叮咚，幾好聽」。 李婆婆會模仿 CRDL 中音景的聲音，例如「叮叮咚咚」「架咯架咯」。 甚至有時候會以為 CRDL 內有人與他對話而作出回應，例如會詢問 CRDL：「你覺得好唔好玩呀？」，聽到鳥叫會說：「吱吱喳喳，你鬧我呀？」。
肢體反應	68.2%, n=1039 <ul style="list-style-type: none"> 透過 CRDL，刺激了音樂治療師與李婆婆肢體上的互動，包括互相敲擊、靜止觸摸、拍打及揉捏對方的手。(圖 4 及圖 5) 李婆婆會模仿音樂治療師的肢體動作，亦會主動做一些俏皮的肢體動作，如捉手、扮大力拍打對方的手，輕點對方的鼻子及揉捏對方的耳朵，令過程充滿趣味。 	42%, n=219 <ul style="list-style-type: none"> 李婆婆會主動觸碰 CRDL，例如敲擊、跟拍子拍打及用手指跟隨 CRDL 上的紋路畫畫。 李婆婆有時會用手探索 CRDL 不同部份，她會目不轉睛地望著自己的手。
情緒反應	12.3%, n=188 <ul style="list-style-type: none"> 在雙方互動當中，李婆婆的笑容一直掛在臉上，也會咯咯地笑。當因為觸碰了音樂治療師的手而令 CRDL 發出聲音時，李婆婆露出好奇、覺得神奇、驚訝及俏皮的表情。 	28.6%, n=149 <ul style="list-style-type: none"> 在李婆婆與 CRDL 互動時，亦產生了不同的情緒反應，如微笑、咯咯地笑、覺得神奇、驚訝及俏皮的表情。

討論

使用 CRDL 作為一種互動的工具，可以提供機會以互相觸碰的方式去表達自我，且具有治療作用 (Luyten et al., 2017)。

- 在言語反應方面，人與人之間的回應比人與 CRDL 間的回應多。透過 CRDL，李婆婆與音樂治療師會有不同類型的對話，除了音樂治療師會發起對話外，李婆婆亦主動與音樂治療師有大量不同的言語互動。對比李婆婆與 CRDL 之間互動回應，更顯得對話是雙向的及有意義。
- 另外，李婆婆與音樂治療師的肢體互動比與 CRDL 間的肢體互動多接近 5 倍。日常的肢體互動可能僅限於照顧上的需要，但通過 CRDL，令肢體上的接觸以更有意義的方式呈現 (Watson, 1975)。
- 在互動過程中，不同的帶有情緒的肢體互動在李婆婆與音樂治療師玩 CRDL 時出現。而且更提升了李婆婆的專注力，並且觸發李婆婆的創意，引起李婆婆的興趣，帶出正面的情緒。由此可見，對於有晚期認知障礙症的李婆婆來說，與人之間有意義的社交互動仍然是重要且必須的。



展望將來

將 CRDL 應用於不同的晚期認知障礙症院友上，以探索 CRDL 對不同的個別院友的社交及情緒是否有相同的效用。另外亦展望將來，可以使用 CRDL 於音樂治療小組中，擴大其效用之餘，亦擴闊院友社交圈子。期望將來疫情過後，可以邀請家人與院友於音樂治療中一同使用 CRDL，探索更多的可能性並加深家人與長者的聯繫。

Music Therapy Services : The use of CRDL in late stage Dementia

Music therapy and Gerontechnology

With rapid development of technology, this year our agency has also applied new technology in therapeutic treatment. We have introduced the CRDL (Fig. 1) as a medium to encourage residents with moderate to severe Dementia (RwD) to establish a new form of social relations. The CRDL is a rugby-liked device made with walnut. It is an interactive object that allows the touch between two or more users to be converted into sound. The CRDL is pre-loaded with 5 soundscapes, including sounds of nature (bird chirping), urban (market noises), animals (chicken cluck), musical instruments (orchestra), and home-making sound (cooking in the kitchen). RwD can touch by tapping, holding, stroking, tickling or kneading CRDL or the opponent's body (Fig. 2). Different touch methods will be transformed and produce different sounds, for example: gentle touch will trigger the bird tweet while a firm grasp will trigger the sound of thunder. In this way, people can use other people's body as a kind of musical instrument to "play", which makes physical touch more attractive and interesting, and also gives all participants the same opportunity to participate and enjoy each other's existence and energy. A closed circuit is important to be formed between two or more users when using the CRDL. 2 users touch others in different ways whilst resting their hand on the touchpad of CRDL, thus closing a circuit and translating touch into sound (Fig. 3.1). More users can join by simply adding themselves into the circuit, like links in a chain (Fig 3.2). Through the use of CRDL, expressive touch increase, it creates therapeutic effects in RwDs who have difficulties in communication and social interactions.

CRDL Case Report

Madam Li was diagnosed with severe Dementia (MMSE=2/30). She sits in a geriatric chair most of the time that limited her opportunity for social interaction. Music Therapist (MT) then arranged Madam Li to participate in individual music therapy, using CRDL as a music medium to improve her social relations and re-connect with others. Individual music therapy was performed once a week, a total of 6 sessions were held, each session with a duration of 10-20 minutes. Sessions records showed that 35.6% of responses were initiated by MT (n=729) and 64.4% by Madam Li (n=1316). All verbal, physical (non-verbal) and emotional responses were recorded by an iPhone in each session and were transcribed and decoded by MT. Only one of the five soundscapes was selected in each session. The session came to the end when Madam Li lost her interest or lacking concentration in CRDL.

The Results

The following is a summary of the results of the intervention treatment, comprising 3 aspects: (1) the interactive responses of Human-Human (two or more people were involved, response was directed towards each other); (2) the interactive responses of Human-CRDL (only one person was involved and his/her response was directed towards the CRDL); and (3) The two types of interactive responses be categorized into verbal responses, physical responses and emotional responses.

	Human – Human responses 74.5% (n=1524)	Human –CRDL responses 25.5% (n = 521)
Verbal responses	<p>19.5%, n=297</p> <ul style="list-style-type: none"> The using instructions of CRDL were explained and recapped at the beginning of each session. Sound and volume were often a topic of conversation, for example Mdm Li asked MT where the sound came from, types of the sounds, and sometimes she invited MT to imitate the sound of the soundscape with her. However, encouragement and coaching were sometimes necessary for Mdm Li. 	<p>29.4%, n=153</p> <ul style="list-style-type: none"> Mdm Li verbally expressed her love towards CRDL. She imitated the sounds and said "Ding Ding Dong Dong, it is so much fun" and "Ding Ding Dong, the sounds are so good". Sometimes, Mdm Li communicated with the "person" inside the CRDL by asking "Is it fun?" and "Tweet, tweet, tweet, are you scolding me?" when she heard the bird tweet.
Physical responses	<p>68.2%,n=1039</p> <ul style="list-style-type: none"> Most of the physical responses consisted of people touching each other on the hand were mostly initiated by Mdm Li. These included tapping, holding, stroking and kneading hands. (Fig.4 & Fig. 5) Mdm Li imitated the physical movements of MT on CRDL. She took initiative to do some witty and playful physical movements, such as hand catching, tapping MT's nose or rubbing the ear, which made the interactions full of fun. 	<p>42%, n=219</p> <ul style="list-style-type: none"> Most human – CRDL interactions towards the CRDL were physical nature. Mdm Li actively touched the CRDL by tapping, stroking with the tempo, and following the lines on the CRDL's touch pad with her fingers. She focused on her hand when interacting with CRDL and sometimes explored different parts of CRDL with her hands.
Emotional responses	<p>12.3%, n=188</p> <ul style="list-style-type: none"> Different emotional responses could be found during the sessions. Mdm Li kept a smile on her face and giggled a lot. She showed curiosity, surprised and witty playful expressions when CRDL made a sound because of the touching between two parties. 	<p>28.6%, n=149</p> <ul style="list-style-type: none"> When Mdm Li interacted with CRDL, she also showed different emotions, such as smiling, giggling, feeling magical, surprised, and playful expression.

Discussion

The results showed that the use of CRDL as an interactive object created opportunities for expressive and therapeutic touch (Luyten et al., 2017).

1. In terms of verbal responses, there were more interactions between human - human than human – CRDL. Through CRDL, there were different types of dialogues between Mdm Li and MT. MT initiated conversation while Mdm Li actively responded. Comparing the interactive response between Mdm Li and CRDL, human - human interactions showed the dialogue was in two-way and meaningful.
2. In addition, the physical responses between Mdm Li and MT were almost 5 times more than those of Mdm Li and CRDL. In aged care, physical touch is a mere common daily activity. However, through CRDL, physical touch becomes a meaningful interaction (Watson, 1975).
3. Different emotions were triggered through physical touch when Mdm Li played CRDL with MT. Thus, it was observed that Mdm Li's concentration was enhanced, as well as her creativity and enjoyment level. It also generated an atmosphere of curiosity and playful context. In essence, it helped to bring out positive emotions in Mdm Li. It indicated meaningful social interactions with people were significant and essential to Mdm Li.

The Future

Despite the positive outcomes of music intervention in Rwd in the single case report described herein, the effectiveness of CRDL's applicability for other Rwd is needed to be further investigated. CRDL will continue to be used in our MT intervention groups, and also we anticipate to involve participation of family members in the treatment process when the COVID-19 pandemic is over, to further enrich the therapeutic effects.

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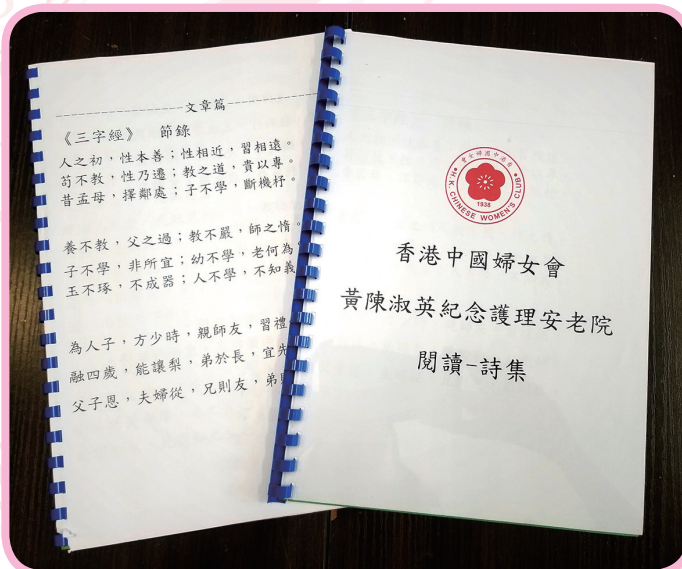
表達藝術治療服務： 探索表達藝術治療的多樣性

談起表達藝術，很多人會首先想起音樂、視藝、舞動等媒介。但其實表達藝術的媒介不僅如此，大家有想過閱讀、說故事也是表達藝術嗎？而在表達藝術治療小組中又能如何實踐科技運用？

長者與閱讀

雖然新一代長者教育程度已漸改善，但據香港政府發表之《2016年中期人口統計》，香港滿65歲或以上長者識字率約為80%，即約每五位長者就有一位為文盲（政府統計處，2016）。不同文獻均指出教育、腦部發展與認知障礙症的關係，多閱讀不僅能增加知識、增廣見聞，更能維持認知能力、減少孤獨感、激發想像力、促進社交等（香港經濟日報評論版，2018）。

本院治療師現於院舍設有閱讀小組。治療師設計合適長者程度的詩集，在小組內閱讀長者熟悉的文本如《三字經》、簡單唐詩與多首廣東童謠。活動亦使用由社會企業「好聲」設計的「有聲書」，與長者一同細味文本內容。過程中治療師運用平板電腦增加活動趣味性、讓長者在閱讀與學習新知識，擁有更多元化治療活動經驗。



長者感受

福婆婆：我好鍾意讀《三字經》、學習知識。從以前開始我就對讀書認字好好奇，而且讀番《三字經》令我諗番起好多以前既回憶，例如以前有錢人會籌辦學校、好多人會企起前面聽書。《三字經》係啲好實際既野、拎黎教訓人，唔係車大炮。讀書可以教好人、令人唔粗魯。就算我已經老，但我仍然鍾意學習、對世界很好奇，讀書令我好開心。

長者與說故事



乍聽之下，說故事只是小孩的活動，但其實閱讀漫畫、看電影，同樣也是聆聽故事的方式，對長者身心皆有裨益。加拿大漫畫理論教授戴爾·雅各（Dale Jacobs）就認為漫畫以多元藝術模式講述故事，與大腦產生刺激、感知世界的過程類似。漫畫集合多種傳遞資訊的元素，構成的視覺語言和進階文字，能觸發大腦認知過程 (Jacobs, 2013)。

治療師在小組以四格或六格漫畫作故事題材，同時為長者特製故事卡。長者需要了解並推理故事內容發展、人物角色情緒、最後齊猜結局。他們在過程中不僅投入參與，也因故事內容的幽默有趣而樂在其中；而富教育意義的故事內容亦能促進長者思考及作個人反省。

長者感受

祿婆婆：我鍾意說故事活動，是因為它有教育意義、過程亦好開心。要我自己講，我就唔識講啦。



長者 × 藝術 × 科技：平板電腦應用

長者年事漸長，「眼又矇、耳又聾」，除生活不便外也大大減低長者參與活動的動機。本年度院內添置多部平板電腦，在表達藝術治療的各個小組中亦加入平板電腦應用。治療師運用應用程式 Zoom 連繫多部平板電腦，讓參與治療活動的長者能近距離觀看相片與投影片，並就長者需要放大與縮細圖片。治療師亦運用平板電腦內的白板繪畫功能，更快與長者互動溝通、打破溝通障礙、更達致環保。治療師現時會使用平板電腦的小組包括表達藝術治療情緒/ 認知小組、閱讀小組，及說故事小組等。

長者感受

壽婆婆：而家無得出街，成日起依度。有得睇下「電視」（平板電腦），就好開心；而且佢仲可以寫嘢、大家一齊睇，好犀利、好得意！

參考資料：

政府統計處 (2016)。《2016 中期人口統計》。香港：政府統計處。取自：<https://www.byccensus2016.gov.hk/tc/Snapshot-08.html>

評論版 (2018 年 11 月 6 日)。〈長者多閱讀 抗孤獨保認知能力〉。《香港經濟日報》。取自：<https://paper.hket.com/article/2201611/%E9%95%B7%E8%80%85%E5%A4%9A%E9%96%B1%E8%AE%80%20%E6%8A%97%E5%AD%A4%E7%8D%A8%E4%BF%9D%E8%AA%8D%E7%9F%A5%E8%83%BD%E5%8A%9B>

Jacobs, D. (2013). *Graphic Encounters: Comics and the Sponsorship of Multimodal Literacy*. Bloomsbury Academic; Illustrated edition.

Expressive Arts Therapy Services : Exploring Diversity of EAT Practice in the Elderly

People often perceive Expressive Arts Therapy as arts modalities like music, visual arts, dance, but it is not only then that. Have we ever thought of taking reading and storytelling as a medium of arts, and to apply technology in EAT groups?

Elderly and Reading

Although the education level of the new older generation of Hong Kong has gradually improved that 80% of the elderly are literate (Census and Statistics Department, 2016), there are still one in every five elders who are illiterate in Hong Kong. Reading can increase and broaden knowledge, maintains cognitive ability, reduces loneliness, stimulates imagination, and promotes social interaction. (Commentary, 2018). To encourage reading, Therapist has set up a reading group in the agency, and designs a collection of poems suitable for the group's level including "San Zi Jing", simple Tang poems and Guangdong nursery rhymes. Therapist also uses "audio books" designed by the social enterprise "Good Voice" for listening to the content with elders. Further, therapist also uses tablets during the sessions to increase the fun of reading, thereby allowing elders to learn new things and experience a diversified treatment mode.

Grandma Fuk: I love reading "San Zi Jing" and learning. I am curious about reading and knowing words, and it raises so many memorable experiences. Learning can make one a better person, and not being rude. Although I am old, I still love to learn and am curious about the world; learning makes me happy.

Elderly and Storytelling

Storytelling is just like a child's activity, but in fact reading comics and watching movies is also a way to listen to stories. Comic theory expert, Canadian professor Dale Jacobs (2013), believes that comics are a collection of information-transmitting, that visual language and text trigger the cognitive process of the brain. Elders need to verbalize story content, understand the emotions of the characters, and guess the ending during the process. They enjoy the humorous content, and the moral meaning in it also prompts them with self-reflections.

Grandma Lok: I love storytelling activities, it is educative and enjoyable. But I don't know how to tell the story without support.

Elderly x Arts x Technology: Tablet Application

A number of tablets have been procured by the agency in 2021, so the device has been used in the therapy groups. Therapist uses "Zoom" to connect users, and to zoom in and out images for better viewing. Therapist also uses a whiteboard drawing function in the tablet for better interaction, breaking communication barriers with the elderly participants. Tablets are being used in EAT's emotion/cognition group, reading group, and storytelling group.

Grandma Shau: We cannot go out right now. I am happy when watching the "television" (tablet); and it is so interesting that we can write things on it!

Reference:

Census and Statistics Department (2016). "2016 Population By-census". Hong Kong: Census and Statistics Department. Retrieved from: <https://www.bycensus2016.gov.hk/tc/Snapshot-08.html>

Commentary (November 6, 2018). "The elderly should read more to prevent loneliness and protect their cognitive ability." "Hong Kong Economic Times". Retrieved from: <https://paper.hket.com/article/2201611/%E9%95%B7%E8%80%85%E5%A4%9A%E9%96%B1%E8%AE%80%20%E6%8A%97%E5%AD%A4%E7%8D%A8%E4%BF%9D%E8%AA%8D%E7%9F%A5%E8%83%BD%E5%8A%9B>

Jacobs, D. (2013). *Graphic Encounters: Comics and the Sponsorship of Multimodal Literacy*. Bloomsbury Academic; Illustrated edition.

回響 Feedbacks

香港中國婦孺會
黃陳淑英紀念
護理安老院
致黃總監

在疫情下，媽媽，蘇惠治，
因多次的肺炎感染，引致他的
肺部衰退和胃口轉差，需要全日
呼吸氧氣和多管會食，增加協
位護士，護理員的工作量，份
欣賞和感謝貴院仍然為媽
媽提供優質的護理服務。

事事如意 新年快樂
喜賀新禧迎春到，四季平安好運來
Greetings of the Season
and Best Wishes for a
Happy New Year

祝
身體健康！
工作愉快！

蘇惠治啟
黃麗玉 護士
14-12-2021

致黃陳淑英安老院

我姑媽陳鳳女士，
自2018年6月13日入住貴院，
一直得到各位姑娘、醫
護人員及社工的悉心照
顧，在此謹向她們表示
衷心感謝！

祝各位工作順利
身體健康



保證人：
陳鳳如
20-5-2021



總監、院長、蔡姑娘、蕭姑娘、歐姑娘，
各位治療師，12(二樓)各位護士，照顧員
及各位工友，

數不盡的感謝！
謝謝你們對父親的
照顧！



康寧財女兒
陳金蘭上
17/8/2021



院長暨全體員工：

在此敬祝各位身體健康！工作順利！笑口常開！
全體工作人員及院友平平安安！健康康康！

多謝過去一年院長帶領各員工努力抗疫守護一班
院友的健康，明白當中的壓力亦辛苦；又在環境
許可時予瑪家人到院探望長者，特別是三樓轉層
的社工余小姐及護理團隊員工，每次與媽媽視像時，
見到她精神精神，面帶笑容，同事們協助她與家人
溝通，令家人感到安慰與放心；再一次衷心多謝院
舍所有員工對長者的關愛及付出的勞苦！

楊少家人啟
二零二一年秋

感謝信

No. 1.8.2021
Date

敬愛的香港中國護士會黃潔潔英紀念護理安老院
四樓全體職員、姑娘、護士：您們好！

我是您們四樓原院友陳樹槐的女兒刁瑩瑩，我媽媽
陳樹槐今年五月七日去世，離開我們了。我們全家人很悲痛！
但我們永遠不會忘記從2014年我媽媽入住貴院會堂
她離開這7年期間您們對她的細心、親切照顧！
從起居飲食、運動娛樂、清潔護理、看病服藥，所有
點點滴滴，長年累月，您們竭盡全力，我們永遠銘記於心！
萬分感激！感謝您們！

陳樹槐的女兒及全家
謹啟

總監，院長，蘇姑娘，蕭姑娘，歐姑娘，各位治療師，各位護
士IF（二樓），各位同事，各位照顧員，各位工友：

父親在院舍接近兩年的日子，感謝各位對他的關愛，使他得到
適切的照顧，尤其在腦退化不可逆轉的病情下，曾經渡過了一
段開心的日子：外出到茶樓飲茶，慶祝中秋，生日會，團年聚
餐，父親節，樓層的每日活動等。
父親是幸運的，特別在疫情前，可以住進院舍，生活起居得到
照顧，真的是備受保護，否則，疫情下他在街外遊蕩，一定會
中招。
今年開始，他的健康情況開始轉差，沒有胃口及雙腳出現水
腫，有勞各護士及照顧員的照顧，安排轉變餐類，補充營養奶
給他，希望他可以吸收到營養，感恩的是他在入院前一天，我
聽從治療師的建議，帶了父親喜愛的魚柳包給他，將包分為四
份，只想他吃到少少就算好好，後來，照顧員告訴我，他分數
次吃，最後也吃完他喜愛的魚柳包。
30/6 父親入院後，醫生通知我情況不樂觀，4/7下午醫院特別
安排我和哥哥恩恤探訪他，並將當時探訪視像給家人見他一
得！
14/8 是送別父親的日子，希望他在無痛苦的世界裏，得到安
息。
在此再向貴院的各位同事，送上衷心的感謝！

唐寶財女兒
唐金蘭
12/8/2021



苗陳淑英護理安老院全體工作人員：你們好！
李新友任 貴院舍已經三年多，在這段
時間，承蒙院舍工作人員悉心照料，使他健
居飲食，無微不至的关心和護理，使他健
當心愉快地渡過每一天，全賴你們，作為
家屬我們無任感激。
特別這次疫情中，你們的工作量大增，
還不到半年，任勞任怨，堅守崗位，無怨
無悔為院友服務，這大無畏精神難能
可貴，值得讚揚和敬佩。真是十分感激
衷心感謝你們！在此祝院舍全體工作人員
新年快樂，身體健康，工作愉快！此致
敬礼

李新友家人敬上
（有絡端，張請採）

11-2-2021

疫情中……培育 · 實習

Internship During The Pandemic

2021 年新冠病毒疫情反覆下，安老院仍接獲不少大專院校及學生的培訓要求，2021 年 2 月至 3 月，香港大學表達藝術治療碩士課程共有兩名三年級學生前來本院進行為期 10 日、接近 90 小時的實習。2021 年 2 月至 4 月，6 月至 8 月兩段期間，安老院共接納了三名來自英國 Brunel 大學四年級，及一名一年級學生，進行為期兩個月的職業治療實習。以下是實習學生們的心聲。

In 2021 when the COVID-19 pandemic still persisted, we continued to receive requests from overseas and local tertiary education institutes for internship training for different professional disciplines. In Feb-Mar, 2 third-year students from the Expressive Arts Therapy Master Programme of the University of Hong Kong came to our agency for a 10-days, 90-hours practical training. In Feb-April, and June-Aug, we received a total of 3 fourth-year students and 1 first-year student from the Occupational Therapy Department of Brunel University, London, UK for internship training in the elderly residential setting. These students sent us their feedbacks.

表達藝術治療碩士課程 Master Program in Expressive Arts Therapy

謝謝機構接待我們，包容我們經驗的不足。在這裡體驗了一次不一樣的旅程，希望長者和同工快樂常在……實習學生 Jacob

Thank you for the greetings and the inclusiveness of the agency. I have experienced a valuable journey, would the hope and blessing always be with elders and co-workers over here..... From student Mr. Jacob Man

這次密集式實習給予我很多機會了解長者的身心靈需要、學習設計和帶領適合長者的治療活動；過程中亦得到充足的督導，使我獲益良多……實習學生 Bonnie

This intensive internship gave me many opportunities to understand the physical and mental needs of the elders, to learn, design and lead therapy groups which suit the elders. I have got many benefits with appropriate supervision..... From student Ms. Bonnie Kwan



職業治療學士課程 Bachelor Program in Occupational Therapy

「我們是來自英國布魯內爾大學的職業治療學生。作為英國的學生，我們因為疫情關係留在香港。幸好這裡的職業治療師和院長願意和大學商討，並給予我們實習的機會。老實說，我們初初也十分擔憂會不適應在香港實習。但現在回頭一看，反而覺得能夠來這裡實習實在是十分幸運。比起英國，在香港實習感覺更加地道和親切。我們作為香港人，也更自然地想到方法去和老友記打成一片。在這一次實習，我們接觸了很多有認知障礙症的院友，讓我們明白到他們的困難，也讓我們知道職業治療對幫助他們的重要性。」實習學生 Ben & Kitty

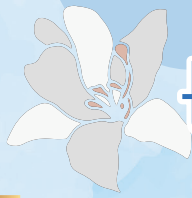
“We are Occupational Therapy students from Brunel University London. We stayed in Hong Kong to complete our placement due to the COVID-19 pandemic. We are thankful that the residential home gave us an opportunity to complete our placement here. At the beginning, we were worried that we could not adapt to the working environment in Hong Kong. Looking back, we feel that we are very lucky to be able to come here for the placement. Compared to the UK, we felt like doing a placement in Hong Kong was more authentic and closer, which help us maintain a closer relationship with the residents. Through this experience, we met many residents with dementia, which help us understand their difficulties and the importance of Occupational Therapy for dementia care.”



為認知障礙症院友安排園藝治療活動
Students organizing horticultural activity with cognitively impaired residents



懷緬小組
Thematic discussion during reminiscence therapy session



長者日間護理服務

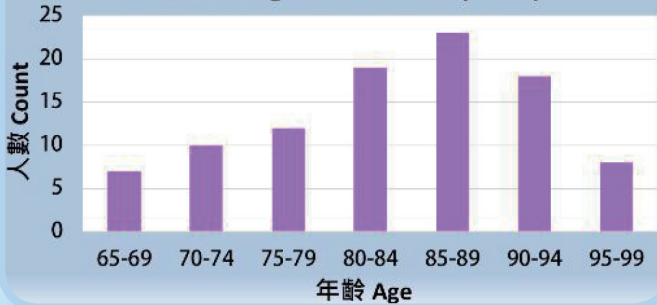
Elderly Day Care Services



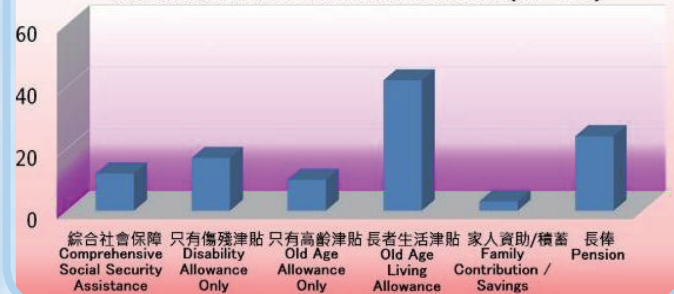
長者日間護理中心會員資料統計 (截至 2021 年 6 月 30 日)

Statistics of Day Care Centre Members (as of 30 Jun 2021)

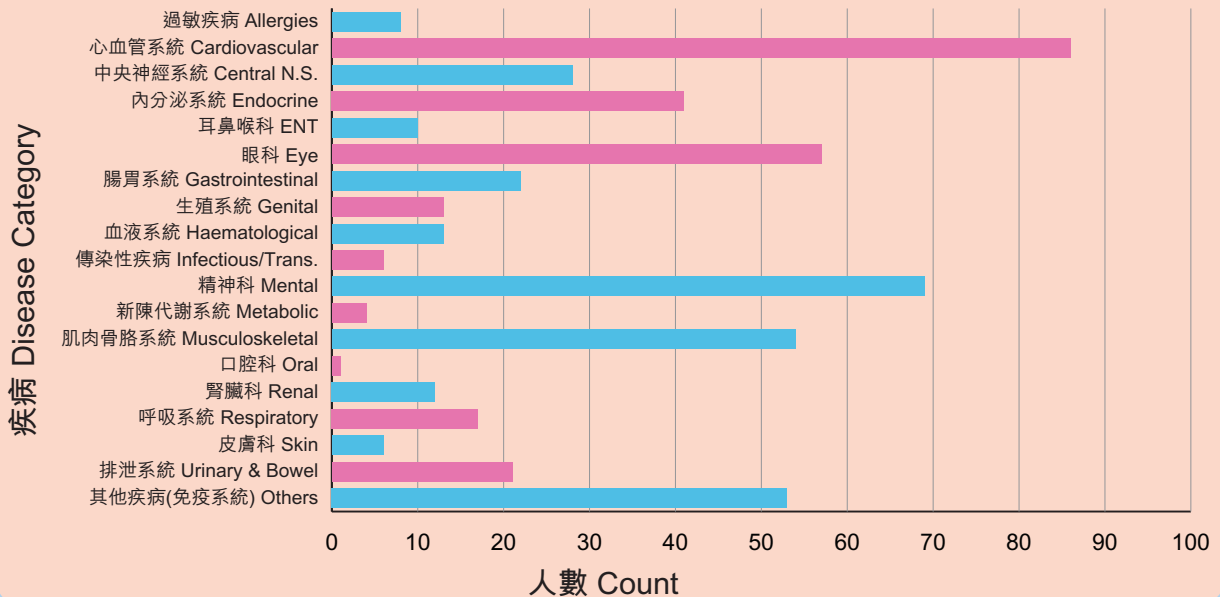
年齡分佈 Age Distribution (N=97)



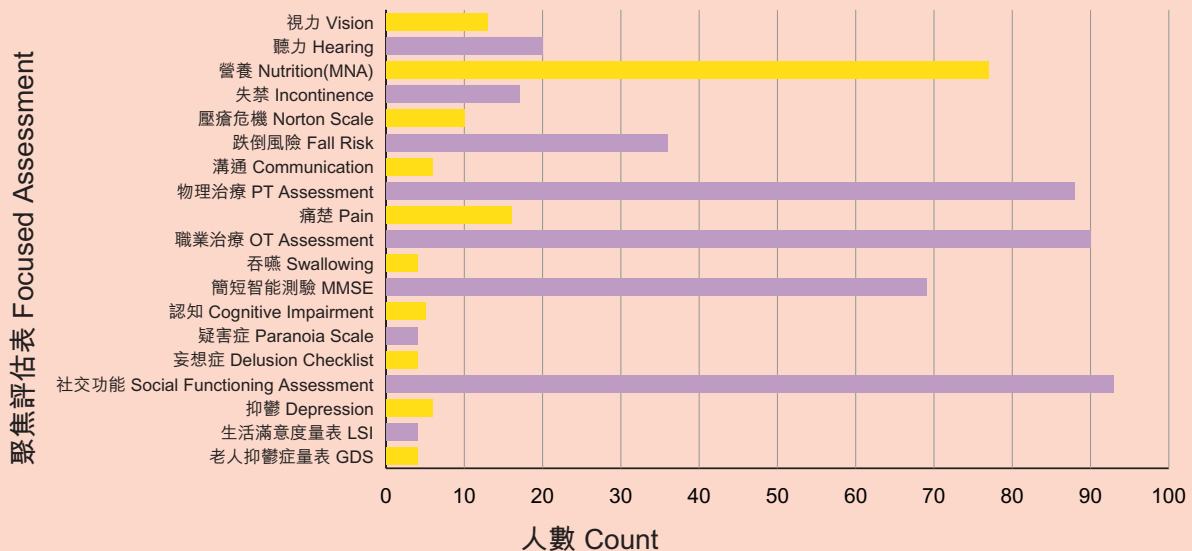
會員經濟來源 Financial Status (N=97)



長者日間護理中心會員病患類別 Categories of Disease Receiving Treatment (N=97)



長者日間護理中心會員聚焦評估統計 Focused Assessments Completed (N=97)



油麗長者日間護理中心

中心自 2013 年 3 月 27 日開始服務至今已達八年，每日平均服務超逾 45 個標準名額，以回應觀塘區長者對日間中心服務的需要，而 4 個暫託位亦為不少照顧者舒緩照顧壓力。中心首創「蝴蝶照顧模式」，透過全人關懷 (Holistic Care)、積極延年 (Active Ageing)、安居樂群 (Ageing in Place) 及恆毅臻美 (Continuous Quality Improvement) 四方面，協助長者於社區安享頤年，讓長者及照顧者的生活質素亦如蝴蝶般美麗璀璨。

全人關懷

- 👍 由專業護士提供護理服務、健康指導及身體檢查
- 👍 透過物理及職業治療訓練，增強會員的認知及活動能力
- 👍 言語治療服務，改善長者的口肌及吞嚥能力
- 👍 由專業社工提供情緒支援、認知訓練及轉介服務

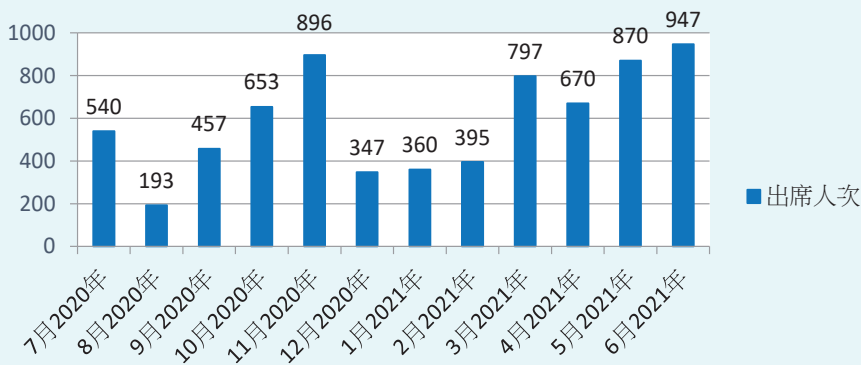


會員參與物理治療訓練



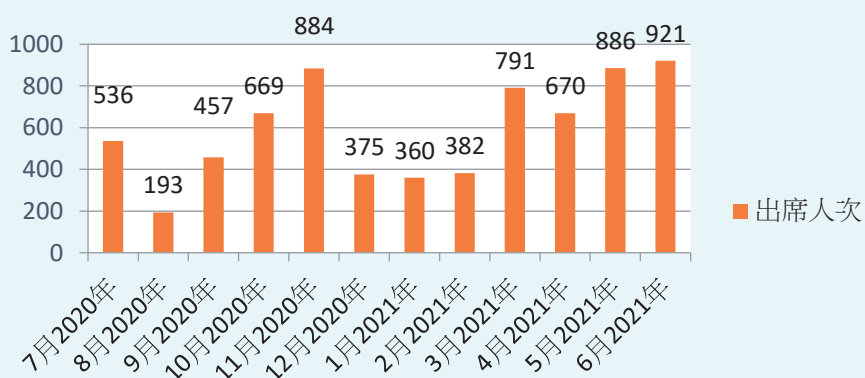
會員參與職業治療感觀訓練

日間中心物理治療服務 (人次)



會員參與平衡力訓練班

日間中心職業治療服務 (人次)



護老者活動 - 音樂治療

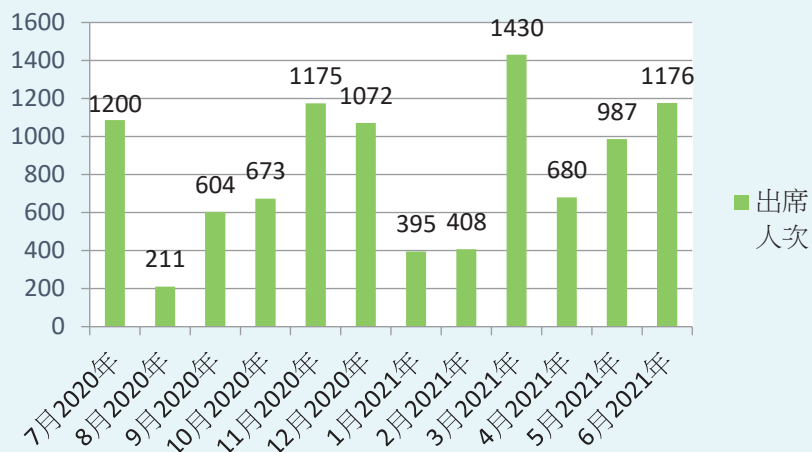


護老者活動 - 表達藝術治療



色彩曼陀羅

日間中心社交及康樂活動 (人次)



會員參與心靈綠洲種植

積極延年

- 👉 舉辦多元的社交康樂活動，培養及發掘會員的能力及興趣
- 👉 引入資訊科技產品，讓長者與時並進。



父親節手工 - 最強爸爸



端午節手工

安居樂群

- 👉 在過去 1 年舉辦了 15 次護老者活動，參與人次為 268 人，當中包括家屬、長者及外傭，收看本會製作的 Youtube videos 使長者在家中亦可接受具質素的照顧。



宣道會喜樂小組探訪



記憶奪寶訓練課程



抗疫包送暖大行動



會員參與無煙講座

恆毅臻美

- 👉 定期向員工提供認知障礙症培訓，提高團隊服務水平
- 👉 加強社會聯繫，擴闊社區支援，增強支援網絡，提升社會凝聚力及關愛。



護老者活動 - 生命體觀察與技巧



會員參與開心活腦操

Yau Lai Day Care Centre for the Elderly

The Centre has been in service for eight years since 27 March 2013, with a care capacity of 45 standard places for elderly residing in Kwun Tong, and 4 respite care places to help ease the stress of family carers. Our Centre adopts a "Butterfly Model" with 4 thematic service objectives of: Holistic Care, Active Ageing, Ageing in Place, and Continuous Quality Improvement. Our services and programs are delivered within these 4 thematic objectives so as to enrich the life quality of the elderly and family carers like a beautiful butterfly.

Holistic Care

- 👍 nursing care services, health education, guidance and physical examinations are provided by professional nurses
- 👍 enhance members' cognitive and activity skills through physical and occupational therapy training
- 👍 speech therapy services to improve the oral muscles and swallowing ability of the elderly
- 👍 provide emotional support, cognitive training and referral services by professional social workers

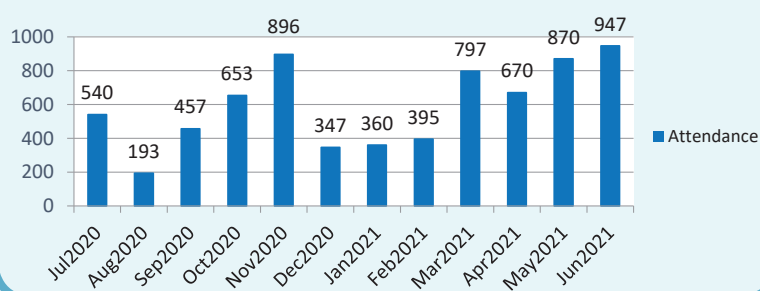


Members participate in physiotherapy training



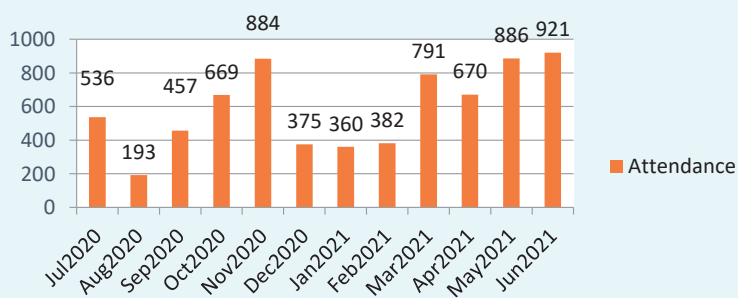
Members participate in occupational therapy training

Attendance of Physiotherapy Services (Persons)



Members participate in balance training classes

Attendance of Occupational Therapy Services (Persons)



Elderly Caregiver Activities - Music Therapy

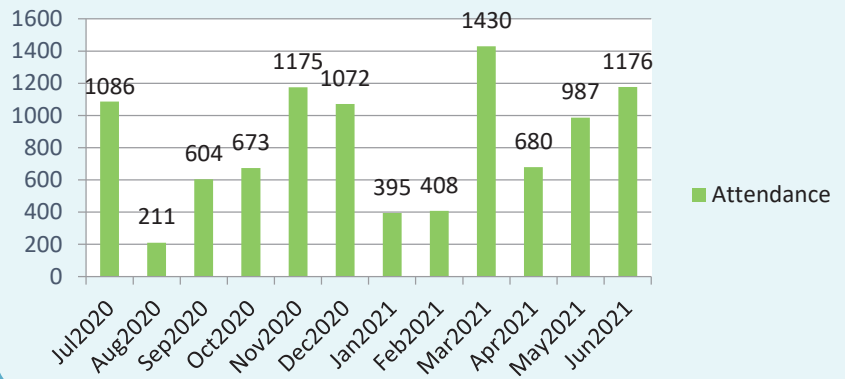


Elderly Caregiver Activities - Expressive Arts Therapy



Mandalas Coloring

Attendance of Social and Recreational Activities (Persons)



Active Ageing

- 👍 organize a wide range of social and recreational activities to develop abilities and interests of our members
- 👍 introduce IT products to keep the elderly up to date with new knowledge



Members participate in horticulture activities



Dragon Boat Festival handicrafts



Father's Day handicrafts-Number one Daddy

Ageing in Place

- 👍 15 carer activities organized in the past year with 268 participants of family carers and domestic helpers. Programs Included sharing & watching youtube videos produced by our organization to facilitate quality care at home.



Church group visits



Treasure Hunt Memory Training course
Healthy Brain exercises



Anti-pandemic gift pack for members



Members participate in quit-smoking lectures

Continous Quality Improvement

- 👍 regular staff training on cognitive impairments to improve teamwork interventions
- 👍 strengthen organization networks and liaisons so as to enhance community supports in care delivery



Elderly Caregiver Activities –
Vital Signs Monitoring Techniques

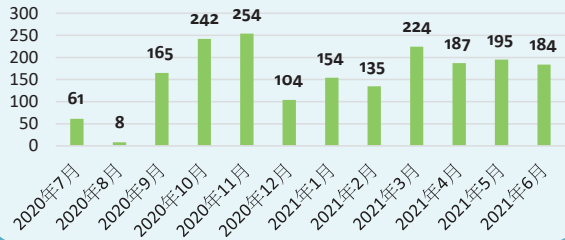


Members participate in Healthy Brain exercises

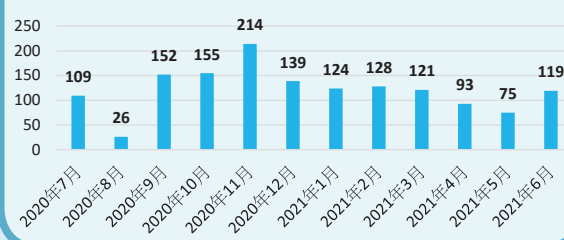
油塘長者日間護理中心

中心提供全人的照顧服務包括物理治療、職業治療、音樂治療、表達藝術治療及言語治療服務，更有專業的護理及社工服務，以確保會員得到有質素的照顧。

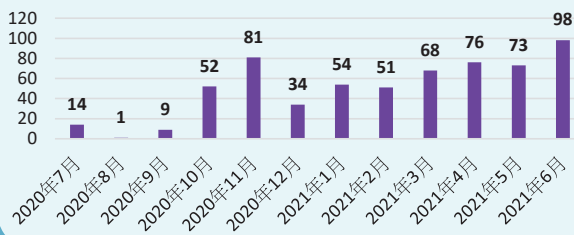
物理治療服務 (人次)



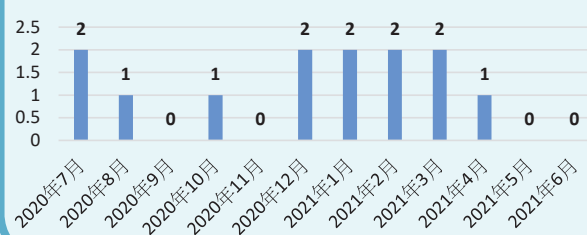
職業治療服務 (人次)



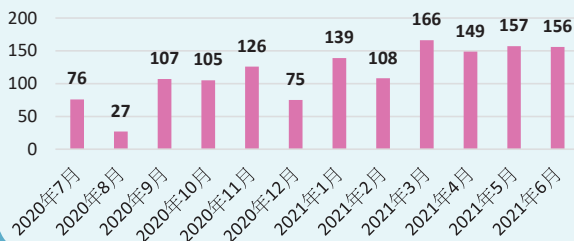
創意藝術治療服務 (人次)



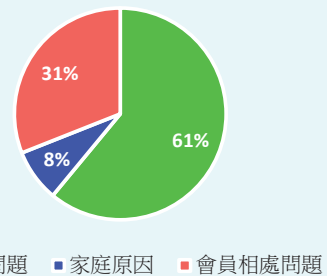
輔導服務 (人次)



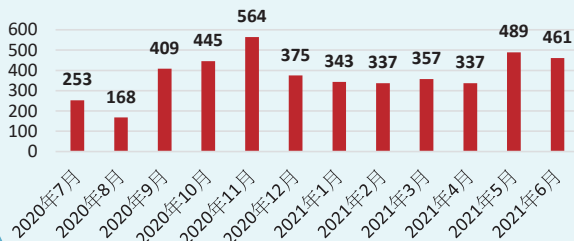
教育性活動 (人次)



7/2020-6/2021
會員接受輔導原因次)



社交及康樂活動 (人次)



認知障礙治療 (多點觸控智慧平台)
Smart table

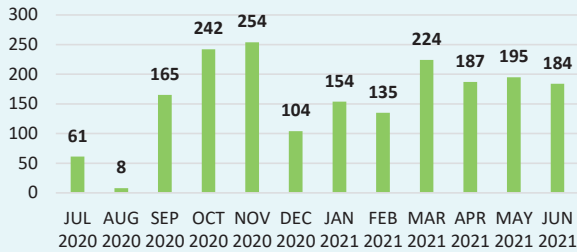


書法班
Calligraphy class

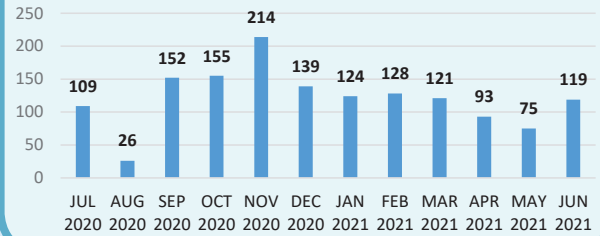
Yau Tong Day Care Center For The Elderly

Centre renders holistic care services including Physiotherapy, Occupational Therapy, Music Therapy, Expressive Art Therapy and Speech Therapy, as well as professional nursing and Social Work services so as to ensure quality care to our elderly members.

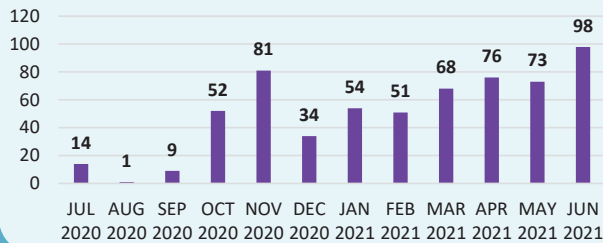
Physiotherapy Service (attendance)



Occupational Therapy Service (attendance)



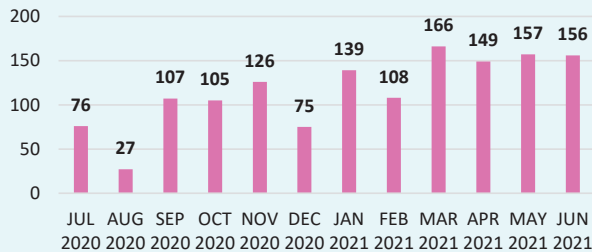
Creative Arts Activities (attendance)



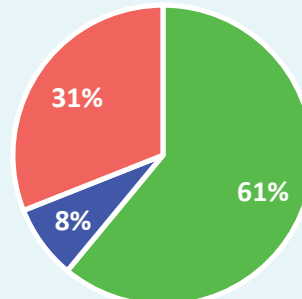
Counseling Service (attendance)



Educational Activities (attendance)

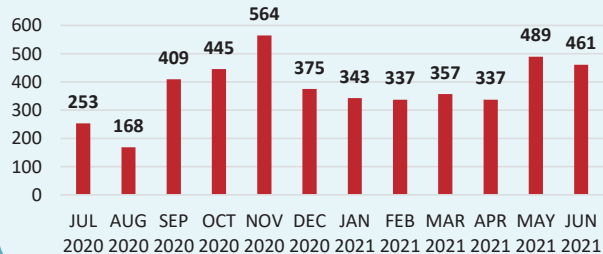


Reasons for receiving Counseling 7/2020-6/2021



- Physical health
- Family problem
- Interpersonal relationship

Social and Recreational Activities (attendance)



認知障礙治療
Cognitive training group



長者學習 · 社區服務



Elderly Learning · Community Services

李樹培夫人啟知中心

中心於2009年成立，倡導「自發」、「自管」、「自教」及「自學」的精神，致力培訓第三齡導師，同時，定期申辦各類基金，並安排義工服務，持續關顧油塘區居民，服務社群。於疫情期間，中心透過與不同組織協作，向社區長者派發口罩及防疫物資。中心亦獲「賽馬會慈善信託基金」資助，透過社區教育活動，提高長者對疫情的認識，紓緩其在家抗疫的焦慮。此外，中心導師悉心設計「唱歌學英文」及「八段錦」等主題影片，並上載於本會「防疫速遞」Youtube頻道，讓會員能在家持續學習，同時與社區保持連繫。

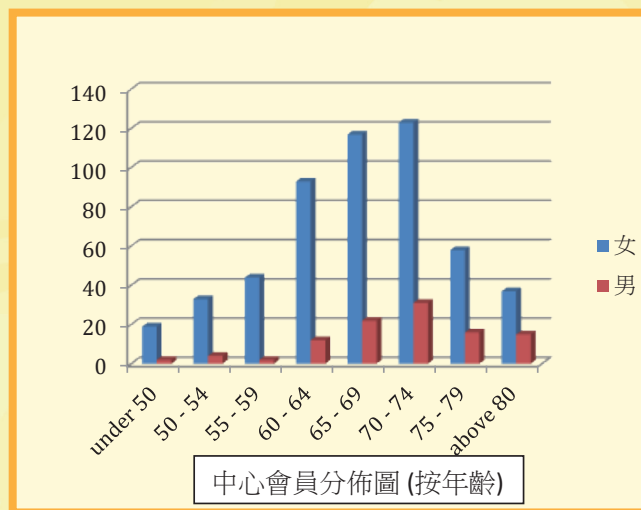
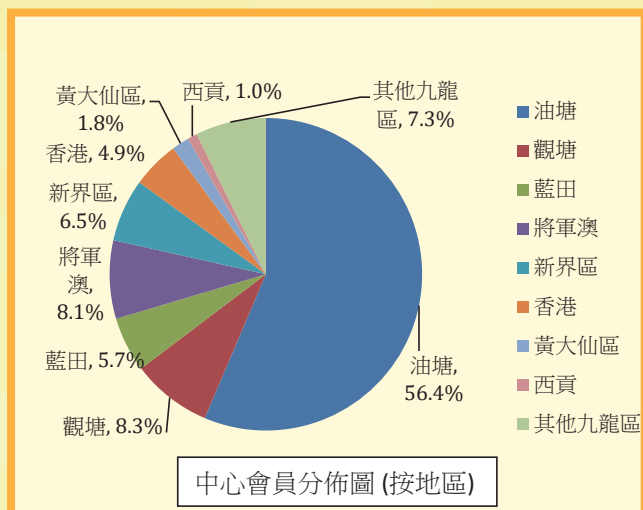
創新多元化課程 實踐「老有所為」精神

中心為會員提供多元化的課程及活動，並培訓超過35位學長，義務協助課程設計或擔任導師。每月舉辦的課程平均超過50個，當中的口琴班、歌唱班、跳舞班、太極班等常獲社區人士讚賞及被邀請出席各類表演，讓第三齡人士積極投入健康及豐盛的生活。

課程類別	課程名稱
電腦課程	Photoshop、WHATSAPP版面管理、智能手機應用班等
文化課程	唱歌學英文班、國畫班、書法班、普通話班等
藝術課程	口琴班、二胡班、葫蘆絲班、國粵語懷舊金曲班、合唱歌班等
保健課程	太極班、拉筋操、按穴班、五禽戲、六字訣、養生班等
手工藝課程	珠子首飾班、絲帶繡、絲綢花、塑膠彩畫班等
心靈和優閒課程	瑜珈班、養生操、種植班、外拍攝影課程等

中心會員統計資料（截至2021年6月）會員人數：

628位（男：104位；女：524位）（中心會員以油塘區居民為主 - 佔56.4%，而大部分會員的年齡分佈為60-74歲，佔全部的63.4%）



Dr. Ellen Li Learning Centre

Our centre was established in 2009. Advocating the spirit of "self-initiation", "self-management", "self-teaching" and "self-learning", we have trained third-agers as tutors to teach our members. The Centre is operated on self-financed basis and we have to apply various funding grants to ensure stable income for service provision every year. During the pandemic, we managed to organize to serve the Yau Tong community. We collaborated with other service and community organizations to deliver face masks and related equipment to the elderly. We also obtained a grant from the HK Jockey Club Emergency Fund to deliver programs and materials to help ease anxiety among elders living at home. In order to outreach to those homebound elderly, we had produced a series of Youtube videos by our agency professional staff team and centre tutors for our members and community elders to help them stay connected with each other and the community.

Innovative and Diversified Courses to Promote the Spirit of "Active Ageing"

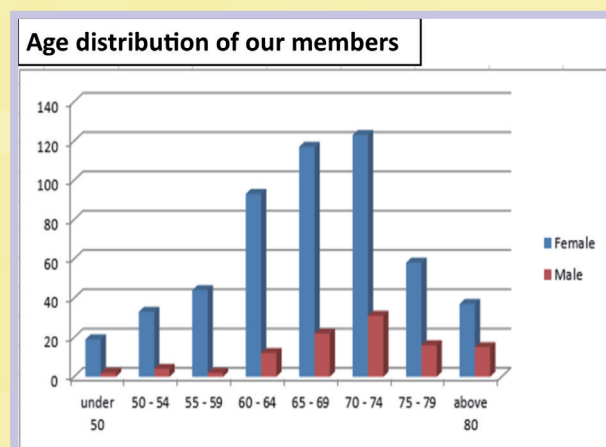
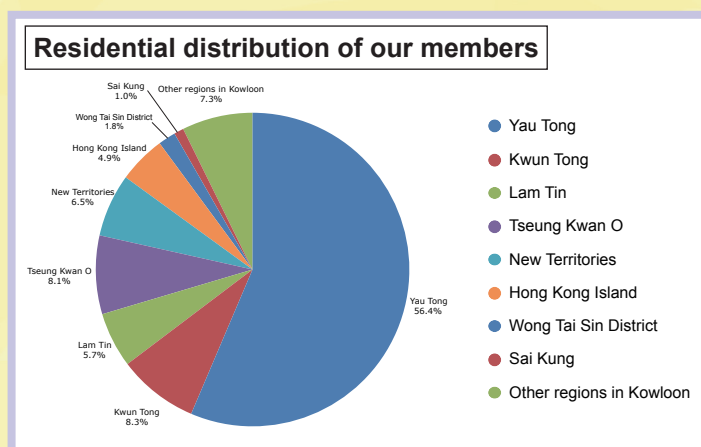
A wide range of courses and activities are offered to our members. On average, more than 50 courses are held every month. Among them, harmonica classes, singing classes, dancing classes, and Tai Chi classes are often appreciated by the community and are regularly invited to attend various performances, allowing the elderly students to actively participate in the community to attain a sense of achievement.

Course Categories	Course Titles
Computer & Digital	Photoshop, Whatsapp application class, smart phone application class, etc.
Cultural	Learning English with songs, Chinese painting class, calligraphy class, Mandarin class, etc.
Art	harmonica class, erhu class, gourd wire classes, Cantonese and Mandarin Oldies classes, choir, etc.
Health programmes	Tai Chi classes, stretching exercises, Acupressure class, Wuqinxi, Liu Zi Jue, healthcare classes, etc.
Arts and Crafts	DIY accessories workshop, ribbon embroidery class, silk flowers class, Acrylic painting workshop, etc.
Spiritual and Leisure	yoga classes, healthcare exercises, planting class, and outdoor photography, etc.



Members Statistics (as of June 2021)

- Total no. of members: 628 (Male: 104; Female: 524) : 56.4% residing in Yau Tong district
- Majority of our members (63.4%) are in the 60 - 74 age group



社區投資共享基金計劃

本年度中心繼續透過兩個社區投資共享基金計劃，在疫情期間服務區內居民，包括關顧油塘區護老者（第 28 期計劃），及服務新入住居民（第 29 期計劃），各計劃內容如下：

第 28 期『居家安老』護聯網計劃（2018 年 12 月 - 2021 年 3 月）

計劃目的：以 3R 工作手法 ---- 重新連結 (Re-connect)、重新融入 (Re-engage) 及重新出發 (Re-charge)，組織油塘區的社區人士，為護老者建立『屋邨為本』的互助網絡。

計劃服務人數： 義工人數：503 人 直接參加者人數：1304 人



護老同行小組

Carer Mutual Support Group



外展護老教育

Home -Visit Activities



樓座活動及探訪

Outreach education for carers

計劃成果及展望：本計劃成功讓計劃的義工與區內護老者通過定期接觸，互相認識及建立互助互信的關係。超過 8 成的參加者表示計劃讓他們減輕護老壓力，亦讓他們認識到同路人，並與他們共同建立互助網絡。計劃的突出表現獲社區投資共享基金嘉許為「具潛質成為旗艦計劃」，以肯定計劃建立社會資本的成效。

未來展望：可繼續在區內推展協作夥伴與護老者交流的平台。另外，由於不少的參加者表示自己的護老技巧仍有改善空間：例如有參加者表示不懂為家人處理護理問題如剪髮修甲而煩惱。建議未來可在區內舉辦不同專門為護老者而設的工作坊，以讓他們掌握核心的護老技能，提升照顧技巧。

第 29 期『信麗新生活·油麗 MBA』（2019 年 7 月 - 2021 年 3 月）

計劃目的：以「社、福、房」協作模式，動員區內街坊義工 (Mobilization)，連結跨界別資源 (Bridging)，成立各界聯盟 (Alliance)，以協助油麗邨信麗樓新入伙居民適應新社區生活。

計劃服務人數： 義工人數：250 人 直接參加者人數：630 人

計劃成果及展望：本計劃成功讓 8 成新住戶認識到重要的社區資源如區內交通網絡及公共設施等，亦提供了平台讓新居民互相認識。有 8 成參與者表示計劃讓他們與鄰里建立互助互信的關係，當他們遇上困難時，能獲得鄰居的支援。

未來展望：義工持續與區內持份者舉辦互動平台，以加強居民與社區持份者的連繫及協作夥伴的合作。另外，7 成信麗樓居民屬第三齡人士，未來可繼續透過不同活動深化他們的社區參與，讓他們發揮所長，貢獻社區。

Community Investment & Inclusion Fund Projects



護老同行小組
Videos of community tours



外展護老教育
Household cleaning service



樓座活動及探訪
Gifts by cooperative partners

This year the Centre continued to serve our community members during the epidemic through two community programs funded by the Community Investment and Inclusion Fund (CIIF):

CIIF Batch 28 : “Ageing-In-Place” Carers Network (December 2018 To March 2021)

Objective: Adopting the 3R strategies of Re-connect, Re-engage and Re-charge, to organize Yau Tong residents to build an "estate-based" mutual support network for carers.

Number of people served: Number of volunteers: 503 ; Number of direct participants: 1304

Achievements and prospects: The project successfully prompted the volunteers and carers in the district to get to know each other and to establish mutual trust through regular contacts. More than 80% of the participants responded that the project helped them reduce stress and also let them recognize individuals with similar situation to form a mutual-aid network. As the project has achieved very satisfactory outcome performances, it is recently rewarded by CIIF as a “Potential Flagship” for building social capital.

In terms of prospects, the project shows potential for expanding and promoting wider and deeper networking among collaboration partners in the community. Furthermore, some participants express difficulties in delivering basic care skills such as hair cutting and care for fungal nails. It is recommended that relevant training workshops should be provided for carers to enhance their home care skills in order to facilitate ageing-in-place.

CIIF Batch 29 : Yau Lai Community Networking Project (July 2019 To March 2021)

Objective: Adopting a local cross-sector collaboration model involving community organizations, social services and housing offices, the project aimed at **Mobilizing** community volunteers, **Bridging** sector resources, as well as establishing **Alliances** among these sectors to assist new residents in their relocation adjustments to Yau Tong community.

Number of people served: Number of volunteers: 250 Number of direct participants: 630

Achievements and prospects: The project successfully prompted 80% of new residents to recognize community resources such as transportation and public facilities in the district. It also prompted new residents to get to know each other. 80% of the participants indicated that they established mutual trust with their neighbors that when they encountered difficulties, they should be able to get support from their neighbors.

In terms of prospects, project volunteers continue to service and connect with their service targets after the project ends. Besides, it is noted that 70% of the residents in Shun Lai House are third agers that we can continue to involve them in different community activities so as to help them develop potentials for their continuing contribution to the community in the long run.

社區服務：樂齡科技外展計劃

計劃內容

自 2018 年起機構獲「政府資訊科技總監辦公室」贊助兩期長者數碼外展計劃，主要透過培訓長者義工以實體方式讓不同院舍、日間中心和社區長者體驗數碼科技產品，目的為提高長者對應用資訊科技的興趣，增加長者的社交互動機會，從而提升他們的生活質素。第一期「樂齡科技互助計劃」開展後不久便因應新冠肺炎的衝擊，活動隨即轉以遙距方式進行，並外借器材予不同院舍、日間中心和社區長者讓他們能夠繼續學習數碼科技。第二期「樂齡科技護老計劃」則繼續沿用遙距方式，並添置不同方便進行遙距活動的設備如 Chromecast、TEMI 機械人及航拍機，目的鼓勵和協助隔離下的院舍、日間中心甚至社區長者學習或使用數碼科技以適應「新常態」的生活。兩期計劃內容分別如下：

「樂齡科技互助計劃」(2018-2021)

服務人數：計劃共服務 855 位院舍長者、85 位日間中心長者、100 位接受家居照顧服務的長者、160 位隱蔽長者和 170 位患有認知障礙症長者。



「樂齡科技護老計劃」(2021-2023)

服務人數：計劃共服務 1025 位院舍長者、145 位日間中心長者、160 位接受家居照顧服務的長者、238 位隱蔽長者和 240 位患有認知障礙症長者。



掃描以下 QR code 了解更多有關計劃內使用的資訊科技產品：






Community Services : The OGCIO Projects - ICT Outreach Program for the Elderly

Background

Starting late 2018, we were granted 2 consecutive Two-year ICT Outreach Programmes for the Elderly by the Office of the Government Chief Information Officer. The projects aimed at raising ICT awareness of the elderly, increasing their use of ICT devices in their daily living so as to expand their social circle and enhance their quality of life. However, the first project implementation was hardly hit by the COVID-19 pandemic in early 2019, and all our activities were shifted from face-to-face to remote and virtual interactions, and we loaned the equipment to all participating service units of RCHEs, day care centres and even home-bound elderly so that their digital technology learning opportunities would not be discontinued. The second project started in March 2021. In order to adapt to the “New Normal” resulted from the pandemic, we continued to resort to remote and virtual learning mode. In order to stimulate and motivate the elderly participants’ learning of digital devices, we applied more interesting equipment including the Chromecast, TEMI Robot and Drone.





「Smart Elderly ICT Outreach project」 (2018-2021)

Number of the elderly served: 855 elderly living in Residential Care Homes; 85 elderly receiving Day Care Services; 100 elderly receiving Home Care Services; 160 Hidden Elders and 170 Demented Elders.

Tablets used in residential care homes	Virtual Reality headsets used by day care centre elderly	SmarTable games played by elderly in community	Road Show in Yau Tong
			

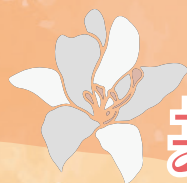
「Smart Care for the Elderly」 (2021-2023)

Number of the elderly served: 1025 elderly living in Residential Care Homes; 145 elderly receiving Day Care Services; 160 elderly receiving Home Care Services; 238 Hidden Elders and 240 Demented Elders.

TEMI robot used in residential care homes	Drone tried by day care centre elderly	Chromecast used by elderly in community	Online Volunteer Training
			

Scan the below QR code to know more about the IT products used in the project

TEMI Robot	Drone	Chromecast
		



共渡疫流

Fighting The Virus



共渡疫流：院舍篇

2019 冠狀病毒病由 2020 年開始於社區肆虐，有賴各員工的努力及院友與家人的配合，使本院得以貫徹執行各項防疫措施，至今保持零感染。雖然疫情在 2021 年下半年開始逐漸受控，但變種病毒對社區及院舍依然構成嚴重及持續的潛在風險，故院舍的防疫方式亦由緊急性的措施轉為持續性的政策，並致力使院友及員工適應疫情下的「新常態」。

改善環境及設備

- 委託顧問公司就院舍空氣質素及通風進行檢測，結果顯示院舍人均鮮風供應量合乎每人 10L 的標準。
- 透過「樂齡及康復創科應用基金」及香港賽馬會撥款，增添多項防疫及科技設備提升服務水平。例如於全院新增了共 63 部空氣清新機，以改善空氣質素，另在各層增設觸控式電子報告螢幕，提供最新的防疫資訊。
- 為向院友及員工提供衛生的居住及工作環境，院舍在過去一年共進行了 4 次噴灑消毒塗層，範圍包括院舍所有房間、物件及院車。
- 「香港温州同鄉會」向本院捐贈十萬個外科口罩，協助員工及院友抗疫。



觸控螢幕
Touch screen monitor



空氣淨化機
Air-purifier



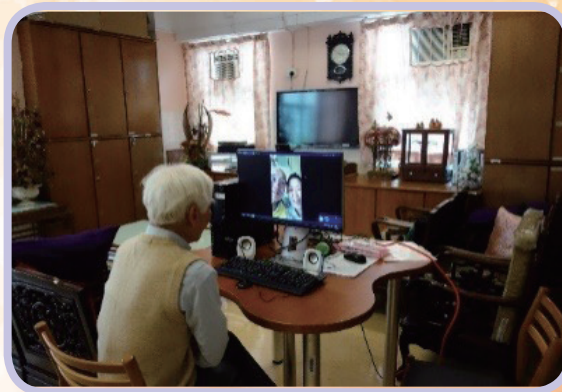
口罩捐贈
Mask Donation

促進院友與家屬的溝通

- 添置無線耳機及擴音器，方便卧床長者參與視象會面。
- 於過去一年，本院共提供了 4,218 節視象會面及 978 節到院探訪，保持院友與家屬的接觸。
- 考慮到部份家人未能按時接受檢測，故除室內探訪外，亦開放花園供各家人探訪，在戶外空氣流通的環境下，彈性放寬探訪條件，讓院友與家人得以會面。



視像探訪（配無線耳機）
Video call with bluetooth headset.



視像探訪
Video call

特別安排：
Special arrangement :



在非住院樓層見面
Meet away from the dormitory



卧床院友在特定範圍接受探訪
Assigned meeting area for bed bound resident

向員工提供防疫支援

- 為鼓勵員工接種新冠疫苗，除舉辦多次疫苗講座外，院舍亦安排化驗所免費替員工驗血，檢查內容包括血壓、膽固醇、鉀及尿酸等，讓員工瞭解自身健康情況後方考慮接種疫苗。與此同時，院舍亦安排醫生到院替員工接種疫苗，在多管措施齊下後院舍員工接種率已超過 95%。
- 對於尚未完成接種疫苗的員工，院舍在社署 實施自費檢測前一直有安排檢測公司到院替他們進行強制檢測，節省員工的交通時間。
- 疫情期間院舍尤其重視員工膳食營養，故順應時節提供防疫湯水及水果，協助員工調理體質和固本培元。另外，除持續進行防疫培訓及評估外，院舍亦向員工派發口罩及酒精搓手液等防疫物資，增強抗疫能力。



職員注射疫苗
Staff vaccination

Together, We Fight The Virus : Residential Setting

Owing to the dedication and support of the staff, residents and family members, our Home is able to maintain zero infection during the epidemic since early 2020. However, the variants of the coronavirus still pose a potential threat to our residents, as well as the people living in the community. During the past year, we strived to formulate infection control measures that enable our residents and staff to adapt to the “New Normal” under the epidemic.

Environmental and Equipment

- A Ventilation Assessment of the Home was carried out by technical laboratory last year. Results indicated that our fresh air supply per person met the suggested standard.
- We had secured funding from the Innovation and Technology Fund and HK Jockey Club to procure infection control and technology equipment to enhance service quality, such as additional 63 air purifiers to improve air quality, and touch screen monitors to provide updated information of the pandemic and our infection control measures.
- Our Home had undergone 4 anti-virus coating sprays last year for stepping up infection control.
- “Hong Kong Wenzhou Township Association” donated 100,000 pieces of surgical masks to enhance our personal protective equipment.

Facilitate Communication between Residents and Families

- We provided Bluetooth headset and amplifier to facilitate frail elderly in video calls with their family members.
- During the past year, we had arranged 4,218 video call sessions and 978 on site visits for family members and residents.
- Apart from indoor visit, we also arranged outdoor garden visits with relaxed measures for family members who were not convenient to receive COVID-19 testing.

Supportive Measures for Staff

- To allay staffs’ concern about the vaccination and to encourage participation, we adopted a multi-pronged approach. Apart from educational talks on vaccination, we also subsidized our staff to take a health examination including health symptoms of blood pressure and cholesterol level, before they agreed to be vaccinated.
- Besides, we also arrange medical doctor to provide on-site vaccination to our staff. As a result, over 95% of our staff were vaccinated by September 2021.
- Before the implementation of self-pay compulsory COVID-19 testing required by the Social Welfare Department, we arranged authorized laboratory to provide on-site testing service for the staff so as to save their traveling time and be tested in a safe environment.
- During the pandemic we constantly reviewed our menu for residents and staff to ensure good nutrition to enhance their body resistance against the virus.

共渡疫流：社區篇

【防疫速遞】頻道

2020年1月底，新冠肺炎開始在香港快速傳播，社會活動全面停頓，長者終日被困家中，社交生活、起居照顧、健康護理及康復治療等直接受到阻礙，對他們的身心精神健康都帶來負面影響。香港中國婦女會安老服務部於7月起籌備拍攝短片，開設 Youtube 網上頻道「防疫速遞」，透過互聯網接觸長者，短片於2020年9月21日開播，每星期上載多個不同的主題，包括：健康抗疫資訊、社區導賞、運動及認知遊戲、藝術欣賞及 U3A 學習課程，供社區長者、照顧者及機構員工免費訂閱欣賞。「防疫速遞」頻道於星期一至五，上午10時以及下午2時上載不同主題的影片，讓長者在疫情下仍然保持學習，重建規律的生活；於疫情期間，也可向護老者提供資訊以照顧家中的長者，改善各人疫情下的生活質素。



防疫速遞

時間表

歡迎訂閱 + Like 

星期	星期一	星期三	星期五
10:00 AM	健康抗疫資訊	社區導賞	運動及認知遊戲
2:00 PM		藝術欣賞	中心課程

逢星期二、四、六將重播上星期已播放的節目

健康抗疫資訊內容

- 👉 健康資訊：家居清潔、食療、個人衛生、健肺運動
- 👉 抗疫資訊：防疫知識、開箱、DIY 口罩夾及面罩、安心出行

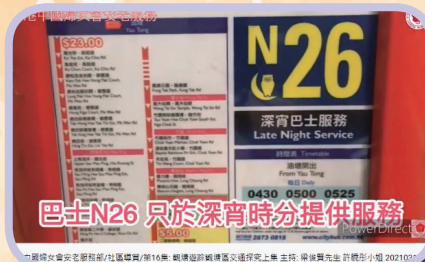
你會揀邊一款推薦俾老友記？



香港中國婦女會安老服務部/健康抗疫資訊/第14集: 疫苗接種 主持: 余翠珍小姐 李麗華小姐 20210308

社區導賞內容

- 👍 觀塘區：社會福利機構、醫療支援、區內其他的重要設施和交通。
- 👍 香港各區：地道美食、康樂設施及遠足熱點



藝術欣賞內容

- 👍 音樂治療師：五行音樂、運動、音樂練氣、欣賞懷舊歌曲及即興合奏。
- 👍 藝術治療師：椅子舞、曼陀羅、禪繞畫、視藝活動、舞動及作品展。



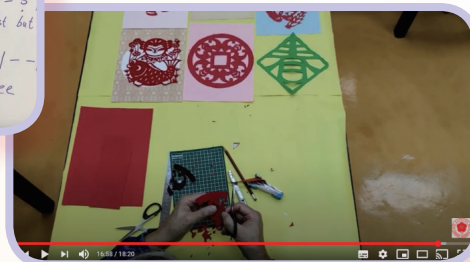
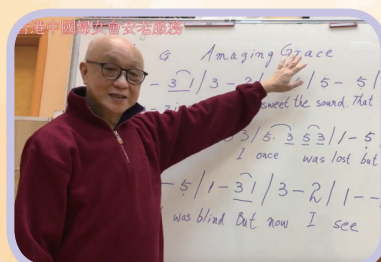
運動及記憶遊戲內容

- 👍 物理治療師親自講解及示範，專為照顧者、體弱長者設計的運動，例如轉移、扶抱、起床操等。
- 👍 記憶遊戲：由職業治療師親自講解、帶領認識不同的記憶訓練方法，促進認知功能。



U3A 課程內容


- 👍 由中心 U3A 導師協助拍攝，課程包括：唱歌學英文、養生運動、手工藝剪紙、絲帶花、練氣等。
- 👍 讓長者即使安坐家中仍然能夠保持學習。



Together, We Fight The Virus: Community Setting


【The Pandemic Prevention Express Channel】

HK had been hardly plagued by COVID-19 for almost 2 years since January 2020 that most social activities were blocked out. Our elderly group were inevitably confined at home most of the times, and their social life, personal care, health care and rehabilitation were all affected causing negative impacts on their physical, mental and psychological health. In July 2020, our agency started creating and producing a series of videos aiming at reaching out to the elderly via online and internet networks. We subscribed a YouTube channel, contacting and teaching our elderly members for learning and viewing the new video programs online. The channel – the Pandemic Prevention Express Channel was first broadcasted on 21 September 2020, consisted of 5 different programs to be shown Monday to Friday, in both am and pm sessions. These programs carried 5 different themes targeted at the older individuals and family caregivers for both education and relaxation purposes : (1) public education – “the Health and Anti-pandemic Information program”; (2) social inclusion – “the Community Guide program”; (3) leisure – “the Art Appreciation program”; (4) health – “the Exercise & Memory Game program”; and (5) learning – “the U3A course program”. Through this channel, we were able to maintain regular contacts with our centre members and project elders who were able to seek our assistance when needed.




Pandemic Prevention Express Channel

Timetable



subscribe + like



Day	Monday	Wednesday	Friday
10:00 AM	Health and Anti-Pandemic Information	Community Guide	Exercise & Memory Game
2:00 PM		Art Appreciation	U3A Course

Every Tuesday, Thursday and Saturday, the programs that have been broadcasted last week will be replayed

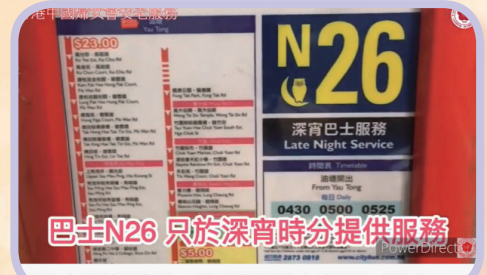
Health and Anti-pandemic Information program

- 👍 Health information: household cleaning, diet, personal hygiene, lung exercises.
- 👍 Anti-pandemic information: pandemic prevention knowledge, DIY mask clips and face masks, safe travel.



Community Guide program

- 👍 Kwun Tong District: Social Welfare Institutions, medical support, other important facilities and transportation in the area.
- 👍 Districts in Hong Kong: authentic food, recreational facilities and hiking point.



Art Appreciation program

- 👍 Music Therapist: Five elements music, sports, music training, appreciation of nostalgic songs and impromptu ensemble.
- 👍 Art Therapist: chair dance, Mandala, Zen painting, visual arts activities, dance and work exhibition.



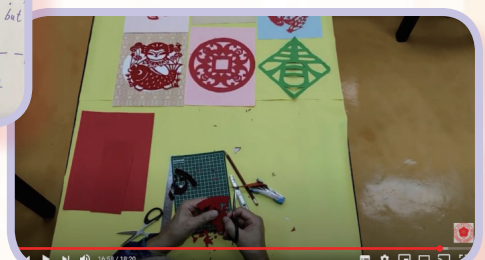
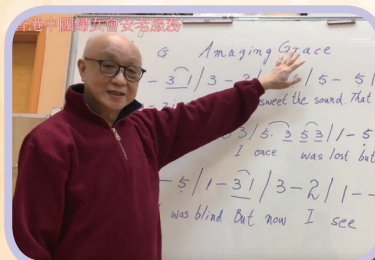
Exercise and Memory Game program

- 👍 Physiotherapist explained and demonstrated exercises designed for caregivers and frail elderly, such as transfer, support, wake up exercises, etc.
- 👍 Memory game: Occupational Therapist explained and taught different memory games for cognition enhancement.



U3A course program

- 👍 Filmed with the assistance of the center U3A instructor. The courses included: singing and learning English, health exercises, paper-cutting handicrafts, ribbon flower, qi gong training, etc.
- 👍 Elders could keep learning even staying at home.



2021 年度安老服務管理委員會名單

2021 Elderly Services Management Committee Membership List

常規委員：



永遠榮譽顧問
蕭司徒潔
Permanent Honorable Advisor
SIU SZE-TO Kit Kitty



當然顧問
黃林美麗
(當任會長)
Ex-officio Advisor
Mary WONG



當然顧問
文綺芬
(當任主席)
Ex-officio Advisor
MAN Yee Fun, Evelyn



主席
蕭詠儀
Chairman
SIU Sylvia Wing Yee



副主席
陳吳慧珍
Vice Chairman
CHAN NG Wai Jane



副主席
劉健儀
Vice Chairman
Miriam LAU Kin Yee



劉陳素薇
Lucy LAU



周熊仁寶
CHOW HUNG Yan Po



蔡馬愛娟
CHOI MA Oi Kuen



方陳珮汝
FONG Theresa



徐劉秀珍
Lillian CHUI



羅陳雪侶
LO CHAN Shit Lui



潘洪彩華
Salina POON



郭陳賽英
KWOK CHAN Choi Ying



孫陳佩玲
Stella SUN



何陳佩蘭
CHAN Pui Lan



李孫輝
Faye SUN



陸明
LUK Ming



馬張蓮嬌
CHEUNG Lin Kiu



郭馬明珠
MA Ming Chu

顧問委員：

林貝聿嘉
Peggy LAM PEI Yu-dja

何馮艷仿
HO Judy Yim Fong

胡郭秀萍
Ivy WU KWOK Sau Ping

梁靳羽珊
Yu San KAN

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MON KOO Di An Louise

戴呂季玉
TAI LOO Kwei Yick

李劉蓓蓓
LEE LAU Pui Pui

蔡鄧月紅
CHOI TANG Yuet Hung

陳郭靄珠
KWOK Oi Chu, Lucia

服務發展：「記憶奪寶」[®]教材套

Service Update: The Treasure Hunt Memory Training Kit



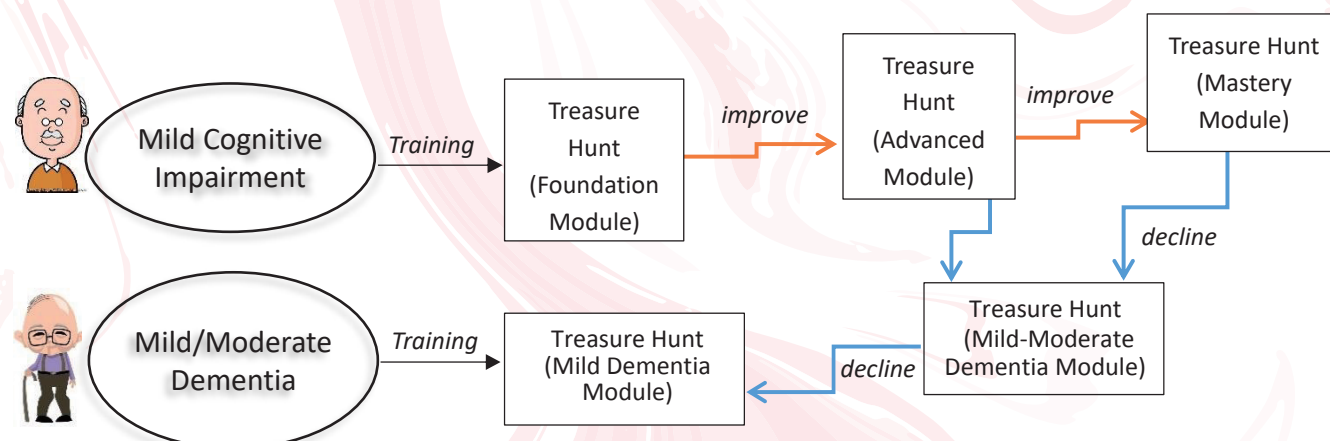
本機構自 2007 年推出首套以華人長者為對象的記憶訓練教材套已逾十年，一直深受本港安老服務單位的支持及使用。教材套訓練內容方面，主要以訓練記憶五大元素為主軸，活動以互動、日常生活化為主，並引進家課學習，鼓勵長者多思考、多動腦筋以鞏固所學的技巧，應用在日常生活裡。

隨著本港長者的健康、生活環境及教育改變，「記憶奪寶」[®]的內容亦重新編輯、更新及加強，以配合長者學習及認知能力狀況的需要。2022 年起，「記憶奪寶」[®] 記憶訓練已推出『一站式』記憶力訓練模組 (module) (見下表)，為不同程度及認知能力的長者設計合適的訓練，有系統性及循序漸進地改善認知狀況。

認知狀況 Cognitive State	記憶力訓練模組 Memory Training Modules
輕度認知障礙 (Mild Cognitive Impairment)	「記憶奪寶」 [®] 基礎篇 Foundation Module 「記憶奪寶」 [®] 進階篇 Advanced Module 「記憶奪寶」 [®] 深造篇 Mastery Module
認知障礙症 (Major Neurocognitive Disorder)	「記憶奪寶」 [®] 輕度篇 Mild Dementia Module 「記憶奪寶」 [®] 輕至中度篇 Mild-Moderate Dementia Module

The **Treasure Hunt Memory Training Kit** was developed in 2007 based on 5 major memory elements: **Attention, Perception, Verbal Fluency, Registration & Recall**, and **Problem Solving**.

Recently we have further enhanced and developed training content of the Kit into several training modules for a spectrum of cognitive states in both MCI and Mild Dementia levels. Elderly with cognitive impairment at different level should be assessed and provided with the appropriate training module in a systematic approach for best cognitive outcomes.



服務發展：「e-護存」系統

Service Update : Residents Clinical Service Monitoring and Quality Control System



「e-護存」是一套專為長期照顧院舍而設的電子系統，與本院電子化個人照顧計劃「e-ICP 系統」結合，可供護士、社工、各科治療師、會計及照顧員應用，簡易存取各項健康資料，提供異常警示，藉以監控照護程序，並能自動統計各項照護數據及報告，確保服務質素及成效。系統包括有**四大護理模組**及**9大個案管理模組**。

The e-system is an electronic data input system for long-term care facilities. It was developed in 2011 for monitoring healthcare service provision to residents, enhancing efficiency and accuracy of daily clinical operation, as well as for ensuring quality care to frail elderly under care. It provides an integrated electronic platform for practitioners to understand and communicate interventions and progress of persons under their care within the professional team. The e-system carries 4 nursing care modules and 9 ICP & case management modules.

四大護理模組		4 Nursing Care Modules
1	日常照護記錄及警示模組	Attendance Recording & Alert Module (ARS)
2	生命徵兆觀察及警示模組	Vital Sign Data & Alert Module (VSDM)
3	傷口護理紀錄模組	Body Charting & Report Module (BCT)
4	事件報告模組	Incident Recording Module
9大個案管理模組		9 ICP and Case Management Modules
1	電子化個人照顧計劃管理模組	e-ICP Module (e-ICP)
2	護理評估及事件報告模組	Nursing Care Assessments: Incontinence & UTI, Restraint, Skin, Hearing & Vision, Fall Risk, Incident Recording (NCA)
3	職業治療及認知症管理模組	Occupation Therapy Assessment and Cognition Management Module (OTCM)
4	物理治療及痛症管理模組	Physiotherapy Assessment and Fall & Pain Management Module (PTPM)
5	社服及抑鬱症管理模組	Social Work Services Assessment and Depression Management Module (SWDM)
6	音樂治療及情緒管理模組	Music Therapy Assessment and Mood & Cognition Management Module
7	言語治療及吞嚥、溝通管理模組	Speech Therapy Assessment and Swallowing & Communication Management Module
8	表達藝術治療管理模組	Expressive Art Therapy Assessment Management Module
9	院友個人賬戶管理模組	Resident Individual Account Management Module (RIAM)



安老服務單位

網址：www.hkcwce.org.hk

香港中國婦女會

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油麗長者日間護理中心

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